



# CITY OF WILLIAMSBURG

## Tree Removal Request

Please complete sections I and II, sign, date, and return to the City of Williamsburg Planning Department via Mail: 401 Lafayette Street, Williamsburg, VA 23185-3617, Fax (757) 220-6131 or Email: [hmarkle@williamsburgva.gov](mailto:hmarkle@williamsburgva.gov).

### I. Applicant Information

Property Owner (Name): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Tree Removal Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### II. Tree Removal Information

a. Number of trees to be cut? \_\_\_\_\_ Size(s) \_\_\_\_\_

b. Type (species) of trees to be cut? \_\_\_\_\_

c. Location: \_\_\_\_\_

(i) **Please mark tree to be removed**

d. Reason for removal:

Diseased \_\_\_\_\_ Damaged \_\_\_\_\_ Other \_\_\_\_\_

If other explain: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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### City Use Only

Inspection Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Inspectors Name and Signature: \_\_\_\_\_

Tree Removal Permit Number: \_\_\_\_\_

**City approval does not forfeit any tree removal process and requirement that is required by a Home Owner's Association.**