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.

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: __________

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.

[forms/tree removal]