



CITY OF WILLIAMSBURG Tree Removal Request

Applicant: Please complete sections I and II, sign, date, and return/mail to the Williamsburg Planning Department, 401 Lafayette Street, Williamsburg, Virginia 23185-3617 or fax to (757) 259-8050. Thank you.

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.