

TREE REMOVAL/ INFORMATION PERMIT

**Design, Environment
& Construction**
2635 Talley Street
Decatur, GA 30030
Phone 404-370-4104
Fax 404-370-0691



If you are proposing to remove four or more trees from a property within an 18 month period, you must attach an assessment prepared by an ISA certified arborist, a registered urban forester, or a registered forester. Please include the arborist certification number. A fee is required to remove four or more trees within 18 months on single-family residential property, and to remove any number of trees on non-single-family residential property.

Single-family residential Commercial or multifamily residential

Address of proposed tree removal _____ Decatur, GA 30030

Name of applicant _____ Phone _____

Address _____ City/state/ZIP _____

Email _____

Name of property owner _____ Phone _____

Address _____ City/state/ZIP _____

Species	Canopy cover (sq. ft.)*	Reason for proposed removal
Tree #1 _____	_____	_____
Tree #2 _____	_____	_____
Tree #3 _____	_____	_____

Attach a list for any additional trees. The removal of a fourth tree in an 18 month period requires the assessment of a certified arborist.
*Calculation must be included for approval

What is the total existing canopy coverage of the property (in sq. ft.)? _____

Is property in a local historic district? Yes No If yes, is the tree 12" dbh or greater? Yes No

Certificate of exemption # (if in historic district) _____

Is there a stream in proximity to your property? Yes No If yes, you may be required to submit a survey illustrating that proposed trees are not in the required stream buffer.

Are you planning on replanting new trees on your site? Yes No

If yes, would you like to receive information from the City about replanting? Yes No

I have read and understand the tree canopy cover requirements in the City of Decatur Unified Development Ordinance, Section 9.1.5. I hereby certify that the above and attached statements and documents are true to the best of my knowledge and belief.

Owner signature _____ Date _____

Staff use only

Complete application received by _____ Date _____

Approved by _____ Date _____