



# CITY OF NORCROSS

## COMMERCIAL TREE REMOVAL APPLICATION

65 Lawrenceville Street, Norcross, Georgia 30071

Telephone: 678-421-2027

Facsimile: 770-242-0824

### OWNER INFORMATION

Owner's name: \_\_\_\_\_  
Owner's address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

### APPLICANT'S CONTACT INFORMATION

Contact name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Contact address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

### PROPERTY INFORMATION

Tax Parcel Number \_\_\_\_\_ Zoning: \_\_\_\_\_  
Address \_\_\_\_\_  
Number of existing structures \_\_\_\_\_  
Current Canopy Coverage Percentage: \_\_\_\_\_  
Future Canopy Coverage Percentage (after tree removal) \_\_\_\_\_

### TYPE OF TREE(S) TO BE REMOVED

*(Please use addition paper if removing more trees.)*

Tree # 1 species \_\_\_\_\_ Diameter of Tree #1 at 4.5' above ground \_\_\_\_\_  
Tree # 2 species \_\_\_\_\_ Diameter of Tree #2 at 4.5' above ground \_\_\_\_\_  
Tree # 3 species \_\_\_\_\_ Diameter of Tree #3 at 4.5' above ground \_\_\_\_\_  
Tree # 4 species \_\_\_\_\_ Diameter of Tree #4 at 4.5' above ground \_\_\_\_\_  
Tree # 5 species \_\_\_\_\_ Diameter of Tree #5 at 4.5' above ground \_\_\_\_\_  
Tree # 6 species \_\_\_\_\_ Diameter of Tree #6 at 4.5' above ground \_\_\_\_\_

### REASON FOR TREE REMOVAL REQUEST

*(Attach additional documentation if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REQUIRED ITEMS AND ATTACHMENTS

- Photo
- Original Signature of Owner/Agent and Applicant
- Scaled site plan showing current canopy coverage calculations (11x17 size or larger)
- Scaled site plan showing future canopy coverage calculations (11x17 size or larger)
- Statement from State of Georgia certified arborist, forester or landscape architect for removal of trees 28" in diameter or larger

### STATEMENT

I understand that the City of Norcross' Tree Ordinance requires that trees 28" in diameter or larger must have a signed statement from a State of Georgia arborist, forester or registered landscape architect explaining why the tree must be removed. I further attest that the documentation and statements included in this application are true and correct

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Owner/Agent Date

### CITY USE ONLY. DO NOT WRITE IN THIS BOX.

Date received: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
Decision: Approval \_\_\_\_\_ Approval with conditions \_\_\_\_\_ Denial \_\_\_\_\_  
Director, CDD: \_\_\_\_\_  
Notes: \_\_\_\_\_