

**TREE REMOVAL  
APPLICATION —  
ZONING PERMIT**  
  
**Fee: \$22.00**



**Matthew Schelly**  
**(252) 639-7583**  
**Fax: (252) 636-2146**  
SchellyM@newbernnc.gov

Applicant: \_\_\_\_\_ Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

Legal relationship of applicant to property: \_\_\_\_\_

**Using one or more of the criteria below, describe in detail the situation that requires tree removal.**

- a. The regulated tree is dead, severely diseased, injured or in danger of falling close to existing or proposed structures.
- b. The regulated tree is causing disruption to existing utility service or causing drainage or passage problems upon the right-of-way.
- c. The regulated tree is posing an identifiable threat to pedestrian or vehicular safety.
- d. The regulated tree violates state or local safety standards.
- e. Removal of the regulated tree is necessary to enhance or benefit the health or condition of adjacent trees or property.
- f. The regulated tree restricts the allowable use of the property.

**Attach site plan showing existing and proposed site conditions.**

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

Approved [ ]	Denied [ ]
Staff Comments: _____	
_____	
_____	
Signature _____	Date _____