

Tree Removal Application

Prior to the removal of a tree in commercially zoned areas in the City of Spartanburg, a Tree Removal permit must be obtained. To ensure the proposed tree removal complies with the city's tree removal regulations as outlined in the Spartanburg Zoning Ordinance Section 505.54, please look over the ordinance found under the [planning](#) tab on the City website.

| | |
|-------------------------------------|-------------------|
| Planning Permit Number _____ | Zone _____ |
|-------------------------------------|-------------------|

Business Establishment Name: _____ Phone # _____

Address of Business: Street: _____ City _____ Zip _____

Email Address: _____ Business's Owner Name: _____

Tax Map #: _____ (Need Help? Check out this [website](#) and search by name or location address)

Zoning District: _____ (Looking for the Zoning? Check out this [website](#))

Contractor's Name: _____ City Business License Number _____

Phone # _____ Fax # _____ Email: _____

Is the tree(s) part of any required landscape, buffer yard, parking lot requirement, street frontage or located on a historical property?

Yes No If Yes, please specify: _____

Reason for Removal: _____

The **Diameter at Breast Height** of the tree(s) needed to be removed: _____

****Note:** If there are more than three (3) trees that needed to be removed from the site, please provide us with a separate sheet with the information

Tree(s) Location: Front Side Rear

I have read the City of Spartanburg Ordinances in regards to tree removal requirements and I understand all restrictions and rules therein. I certify to the best of my knowledge that all information provided is true and correct and all work performed under this permit shall conform to all plans and specifications herewith submitted and shall conform to the City Zoning and Building codes and all the laws and ordinances pertaining thereto. I understand the City of Spartanburg accepts no responsibility for signs that do not conform to covenants or guidelines set by associations. I attest that there are no recorded deed restrictions or restrictive covenants that apply to this property which are contrary to, conflict with, or prohibit the permitted activity being requested. If any information is false or misleading, the permit may be considered void and revoked.

Printed Name and Title: _____

Applicant Signature: _____ Date: _____

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|--|
| For Official Use Only: Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied By _____ |
| Comments: _____ |