



## Tree Removal Permit

Date of Permit request: \_\_\_\_\_

Owner and mailing address: \_\_\_\_\_

Address of tree location: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Number of trees/type:

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

Method of identification of trees to be removed:

\_\_\_\_\_

Sketch of area involved:

Reason for request: \_\_\_\_\_

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

Date requested to remove tree: \_\_\_\_\_

### For Office Use Only:

Permit Number: \_\_\_\_\_

Date of approval: \_\_\_\_\_

Date of notification: \_\_\_\_\_

Return completed form to Jack Taylor, B&G Superintendent,  
email [Jacktaylor@southernpines.net](mailto:Jacktaylor@southernpines.net), fax: 910-692-1085, or mail to 140 Memorial Park Court,  
Southern Pines, NC 28387

