



843.795.4141
Fax: 843.795.4878

Town Hall
1122 Dills Bluff Road
James Island, SC 29412

Tree Alteration Request
Planning Department

Date: _____

Requestor's Information:

Name: _____

Phone # (cell): _____

Address: _____

Phone # (home): _____

Email: _____

Tree Information: (One tree per form)

Requested Action: Prune Remove

DBH (inches): _____ (Diameter at 4.5 ft. along tree centerline; Diameter = circumference ÷ π)

Location of tree on property: _____

Tree Species: _____

Reason for Request:

Dying Dead Safety Hazard Diseased Beautify (For tree pruning only)

Please describe, in detail, the reason for your request to the best of your ability: _____

Supplemental Materials Attached (Pictures of the tree; arborist approval, etc.)

** Please feel free to email the supplemental materials to the Planning Department at kcrane@jamesislandsc.us

Resources:

Find out more about the tree removal process by clicking [here](#) or

Go to www.jamesislandsc.us

Click on *Residents*

Click on *Forms and Documents*

Look for Tree Removal Process under Planning and Zoning

FOR OFFICIAL USE ONLY

Approved Action: Prune Remove

TMS #: _____

Contractor Performing Work: _____ License #: _____

Planning Director: _____

(Signature)

(Date)