

Town of Sullivan's Island

Sullivan's Island, South Carolina

CATEGORY 1 TREE REMOVAL REQUEST

Sullivan's Island Building Department 2056 Middle Street

Phone: (843) 883-3198

Sullivan's Island, South Carolina

FAX: (843) 883-5731 https://sullivonsisland.so.gov

Address of Work Site: 32.09 MARSHAL BLUTMS#529-12-00-106 Zoning: SFR1	
Owner of Property: RANDY BARKOWITMailing Address: 12 MURRAY BUVICHARLESTOUSE 29401 Phone #: (404) -358 - 8208 Pax #:	
Signature: A. Roulbey Born	
Arborist/ Contractor: Mailing Addre	555:
Phone #:	
Town Business License #: State License #	Expiration Date:
Signature:	
Tree Category: Category [Trees sixteen (16) in	nches in diameter (DBH) or over]
Category II [Trees six (6) to fifte	en (15) inches in diameter (DBH)]
☐ Category II [Sabal Palmetto (Cabbage Palm) relocation or replacement]	
Explain scope of work (list species and *Dbh of all trees requested for removal): REPUBLIC TO A - 11/1 FACMETOS 1-12/1 FACMETOS 1-12/1 FACMETOS 1-15/1 FACMETO	
Submit a scaled site plan (showing TMS#, designer, graphic scale, and date) showing the following information: All trees 16 inches or greater (Category I trees) All trees 6 inches or greater and all Sabal Palmettos (Category II trees) Tree survey with a tree replacement plan for all removed trees. A table should be provided showing all size, species and number proposed Trees requested for removal should be indicated by an "x" on a 11" x 17" site plan (replacement in-kind is required for removal of protected trees: oaks, magnolias, pecan and red cedar trees) Illustrate protective tree zones for all protected trees; shown proposed construction—driveways, structures, utility placement, fill dirt, etc. (provide grading plan to illustrate any proposed grading changes) All site features should be shown and labeled (driveways, sidewalks, pools w/ decks, walls, and other hardscape elements) Indicate all utility routes from main source to house connection on plan ensuring that they avoid all tree protection zones. ***I hereby certify that I have read and understand the requirements of this permit, the conditions of approval of this permit, and that there are no restrictive covenants on the fract or parcel of land for which this permit is being requested (per SC Code §4-29-1145).	
PERMIT NO.: DATE RECEIVED: RECEIVED BY:	APPLICATION FEE: Number of Trees Removed x \$25.00 S Total Application Fee
COMMISSION	MITIGATION REQUIRED:
	Tree Replacement Required: Dbh* of trees removed
	Number of 2" Dbh x 10' tall replaced
ZONING ADMINISTRATOR: APPROVAL DATE:	Tree Fund Mitigation Fee: Dbh* of Trees Removed x \$115.00
***Doh: Diameter at Broast Height	STotal Tree Fund Fee Required