



Town of Sullivan's Island

Sullivan's Island, South Carolina

TREE COMMISSION APPLICATION

Sullivan's Island Building Department
2056 Middle Street

Phone: (843) 883-5731
Sullivan's Island, South Carolina

FAX: (843) 883-3009
<https://accessmygov.com/?uid=2569>

Address of Work Site: 1018 Osceola Ave		TMS# 5230600002	Zoning:
Owner of Property: <u>Robert Brandon Aebersold</u> Mailing Address: <u>2890 Andrews Drive, NW, Atlanta, GA 30305</u>			
Phone #: <u>917-434-8117</u>		Fax #: _____	
Signature: <u><i>Robert Brandon Aebersold</i></u>		Signature (if co-owned): <u><i>Cornel L. Aebersold</i></u>	
Arborist/ Contractor: <u>Charleston Tree Company</u>		Mailing Address: <u>900 Ashley Ave</u>	
Phone #: <u>843-860-0634</u>		Fax#: _____	
		<u>Charleston, SC 29403</u>	
Town Business License #: <u>26-2921</u>		State License #: _____ Expiration Date: _____	
Signature: <u><i>R. Aebersold</i></u>			
Tree Category:	<input checked="" type="checkbox"/> Category I [Trees sixteen (16) inches in diameter (DBH) or over] X <u>2</u>		
	<input type="checkbox"/> Category II [Trees six (6) to fifteen (15) inches in diameter (DBH)] X _____		
	<input type="checkbox"/> Category II [Sabal Palmetto (Cabbage Palm) relocation or replacement] X _____		
Explain scope of work (list <u>species</u> and * <u>Dbh</u> of all trees requested for removal): _____			
<u>Requesting to remove 21" DBH Oak tree and 20" Oak tree illustrated in a red x on the site plan. The trees are in poor health.</u>			

Submit a scaled site plan (showing TMS#) identifying 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 no more than one year old
- ☐ 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; show no 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.
- ☐ Pictures, with a Certified Arborist's Letter if tree is dead, in decline or deemed a hazard

The applicant/ permittee shall be responsible for all claims and liabilities arising out of work performed pursuant to the tree removal permit or arising out of the applicant/ permittee's and his/her agent's failure to perform any of the requirements of the permit. The undersigned hereby agrees to indemnify, defend and hold harmless the Town of Sullivan's Island, its officers, agents, employees and volunteers from any and all liabilities, claims, losses and expense, including attorney's fees and court costs and interest, in any manner caused by, of whatsoever kind of nature, arising out of, or in connection with, this Tree Removal Permit. I have read and understand the rules and regulations as stated above, and confirm that I understand and agree to the terms of this permit application and that there are no restrictive covenants on the tract or parcel of land for which this permit is being requested (per SC Code §6-29-1145

Property Owner's Signature: *Robert Brandon Aebersold* Date: 4/30/25



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TREE COMMISSION APPLICATION

TOWN OF SULLIVAN'S ISLAND ZONING ORDINANCE

Article XVII Tree Commission

Sec. 21-164. Tree Replacement Plan.

A. Tree replacement required.

- 1) An approved Tree Replacement Plan prepared by the applicant shall be an integral part of all tree removal permits.
- 2) The Tree Commission shall approve the Tree Replacement Plan for Category I trees. The Zoning Administrator shall approve the Tree Replacement Plan for Category II trees. Working with the landowner, the Zoning Administrator shall approve the relocation of palmettos on private property.

B. Replacement procedure.

- 1) Tree replacement shall be required for all approved tree removals based on the requirement of replacing one (1) linear inch of tree DBH for each one (1) linear inch of tree DBH removed. Replacement trees shall be from the approved tree list, except that replacement for the removal of oaks, magnolias, pecan and red cedar trees shall be with the same kind of tree, as determined by the Zoning Administrator or Tree Commission, as applicable.
- 2) Each replacement tree shall have a minimum of two (2) inches caliper and be at least ten (10) feet tall. However, any permitted removal of a Sabal Palmetto will require replacement by a Sabal Palmetto at least 8 feet tall.
- 3) All replacement trees shall be of healthy, vibrant stock, in accordance with American Standards for Nursery Stock of the American Association of Nurserymen.
- 4) The applicant is responsible for maintenance of the replacement trees and palmettos and for replacement of these trees and palmettos if they die within one (1) year of planting.
- 5) In cases where tree replacement on the same lot is not possible or desirable, the landowner may donate to the Tree Fund an equivalent sum of money for the future purchase of public trees or donate a number of trees of the equivalent mass and quality as those removed to be planted on public property of the Town.
- 6) It shall be required that tree replacement be accomplished within a time limit according to the earliest time possible for replacement as set by the Zoning Administrator or the Tree Commission.

TO BE COMPLETED BY SULLIVAN'S ISLAND TOWNSTAFF:

TYPE OF REQUEST:

- ☐ DEAD, DISEASED, DAMAGED, DECLINE OR HAZARD- Certified Arborist/Forester report required
- ☐ TREE COMMISSION APPROVED - Trees equal to or greater than 16" dbh
- ☐ EMERGENCY REMOVAL- STAFF ORDER (Immanent danger to life, safety, property, or a result of a natural disaster - *Zoning Ordinance Section 21-167*)

DATE RECEIVED: _____ RECEIVED BY: _____

COMMENTS/CONDITIONS _____

ZONING ADMINISTRATOR/ ISA ARBORIST: _____ APPROVAL DATE: _____