



# Tree Removal Application

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Mailing Address:  
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Permit # \_\_\_\_\_

Prior to the removal of a tree 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.

**Please complete the following information:**

Property/Business Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_ Zone: \_\_\_\_\_

Email: \_\_\_\_\_ Tax Map #: \_\_\_\_\_

Contractor name: \_\_\_\_\_

Address: \_\_\_\_\_ City Business License #: \_\_\_\_\_

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: \_\_\_\_\_

Nature of Work (Check One)  Pruning  Removal

Reason for Work: \_\_\_\_\_

Yard Location (Circle all that apply) **Front** **Rear** **Side**

Notes: \_\_\_\_\_

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 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. I hereby make application for permit to perform the work described herein and if permit is granted, I agree first and foremost to conform to all Ordinances of the City of Spartanburg, SC, pertaining thereto, whether specified herein or not, and in accordance with plans submitted.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Printed Name and Title

For Official Use Only Tree Assessment: _____	For Official Use Only Date Filed: _____
Replacement Requirements: _____	Action: [ ] Approved [ ] Denied
	Signature: _____
	Comments: _____