



# Tree Removal Permit

## Application and Checklist

### Checklist for All Tree Removal Permit Applications

A completed conditional use permit application requires the following information. Please initial to signify that the requested information has been provided.

	Applicant Initials	Staff Initials
<b>A copy of this Application Checklist</b> , completed by the applicant.	<input type="text"/>	<input type="text"/>
<b>A completed and signed Application Form.</b>	<input type="text"/>	<input type="text"/>
<b>Letters of Agency</b> for all applications where the applicant is not the owner of the subject property	<input type="text"/>	<input type="text"/>
<b>Site Plan or previously approved Landscape Plan</b>	<input type="text"/>	<input type="text"/>
<b>Replacement/Density mitigation plan. Required if removing trees fulfilling other requirements within Landscape Ordinance.</b>	<input type="text"/>	<input type="text"/>

Email to: [DevelopmentCenter@columbiasc.gov](mailto:DevelopmentCenter@columbiasc.gov)

or

Mail to:

City of Columbia, Development Center  
1136 Washington St., Columbia, SC 29201  
<https://www.columbiasc.net/planning-development>



# Tree Removal Permit

## Application and Checklist

### 1. Applicant Information

Name	
Company (if applicable)	
Address (street, city, state, zip)	
Phone	Email

### 2. Property Information

Address (including Suite/Unit/Space number, as appropriate)	
Tax Map Reference Number(s)	
Tenant/Business Name	Current size of property (in acres)

### 3. Property Status

Pursuant to S.C. Code § 6-29-1145, is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this permit?

☐ Yes ☐ No

### 4. Location, Size and Species of Tree(s) on Property to be Removed.

If more than two trees, provide site plan/aerial showing locations.

--

*For staff use only*

Date received (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

By: \_\_\_\_\_



# Tree Removal Permit

## Application and Checklist

### 5. Reason for Removal

- ☐ In area to be developed (Proposed Site Plan required)
- ☐ Diseased (Arborist report may be required)
- ☐ Safety Hazard (Arborist report may be required)
- ☐ Other \_\_\_\_\_

### 6. Condition of Tree(s) [Certified arborist report may be required]

--

### 7. Acknowledgement of Responsibilities

I, the undersigned, hereby attest that I have read and am knowledgeable of Section 17-5.3 Landscaping and Section 17-5.4 Tree Protection of the City of Columbia Unified Development Ordinance and am accountable for following the City's tree and vegetation protection and conservation requirements.

I further attest that if I fail to follow tree protection requirements, I will be held jointly responsible with the landowner for any restitution required as a result of environmental damage determined by the City's tree protection professional to be the result of improper land clearing activities at the site. This may result in remedies and other monetary penalties as allowed by Section 17-8.6 Remedies and Penalties or State law.

### 8. Applicant Signature

Signature	Name of Contractor
Print Name	Date

<input type="checkbox"/> Grand Tree(s)	<b>For staff use only</b>	Combined DFU Value _____
<input type="checkbox"/> Located in St. Protective Yard		Combined DBH _____
<input type="checkbox"/> Located in Buffer Transition Yard		
<input type="checkbox"/> Located in Canopy Retention Area	Conditions of approval: _____	
<input type="checkbox"/> Located in Vehicular Surface Area	_____	
	_____	