



TREE REMOVAL PERMIT

Town of Elon Planning Department
104 S. Williamson Avenue • Elon, NC 27244 • (336) 584-3601

Permit Number _____

Permit Fee _____

APPLICANT INFORMATION

APPLICANT NAME: _____ TELEPHONE: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____ FAX: _____

PROPERTY INFORMATION

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TAX MAP & PARCEL #: _____ TOTAL ACREAGE: _____ FLOODPLAIN: Yes No
PROPERTY OWNER: _____ TELEPHONE: _____
MAILING ADDRESS: _____

PLEASE NOTE: A RECORDED SURVEY MAP, RECORDED DEED, OR OFFER TO PURCHASE MAY BE REQUIRED IF THE PROPERTY INFORMATION CANNOT BE VERIFIED ON THE GIS WEBSITE.

TREE REMOVAL

NUMBER OF TREES TO BE REMOVED: _____ TOTAL LAND AREA AFFECTED: _____
PURPOSE OF TREE REMOVAL: _____

REQUIRED MAP OR SITE PLAN

ATTACHED SITE PLAN DRAWING MUST DISPLAY THE FOLLOWING:

1. Lot showing property dimensions.
2. The location of the site where the tree(s) will be removed.
3. Show all existing structures and their dimensions.
4. Any existing or proposed improvements on the site (where applicable).

SIGNATURES AND ACKNOWLEDGEMENT

If permits are granted, I agree to conform to all ordinances and laws of the Town of Elon, Alamance County, and State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. Furthermore, the above-referenced hereby authorizes the Zoning Administrator or designated representative to enter the above-referenced property for the purpose of inspecting and verifying compliance. The permit is subject to revocation if false information is provided.

Signature of Applicant

Date

Signature of Property Owner

Date

TO BE COMPLETED BY ZONING OFFICIAL

Jurisdiction: Town Limits ETJ Planning District/Overlay: _____
Request is: Approved Denied

Town Zoning Official Signature

Date