



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: 1743 Atlantic Avenue		TMS# 523-12-00-021	Zoning: RS
Owner of Property: Atlantic Avenue Holdings		Mailing Address: 450 Meeting Street, Charleston, SC	
Phone #: (843) 958-0340		Fax #: _____	
Signature:		Signature (if co-owned): _____	
Arborist/ Contractor: _____		Mailing Address: _____	
Phone #: _____		Fax#: _____	
Town Business License #: _____		State License #: _____	
		Expiration Date: _____	
Signature: _____			
Tree Category:	<input checked="" type="checkbox"/> Category I	[Trees sixteen (16) inches in diameter (DBH) or over]	X _____
	<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 *Dbh of all trees requested for removal): _____			
Requesting to relocate a Category I oak tree to an adjacent residential lot under shared ownership.			

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: **Date:** 6/23/2024