TREE REMOVAL PERMIT APPLICATION

Job Address: _____ **Date:** _____

TREE REMOVAL TYPE	
☐**General**	☐**Hazardous Tree Removal**
This includes general tree removal permits not associated with construction or tree removals associated with a building permit.	*Tree removal associated with a hazardous tree. This includes trees that pose a potential risk of damage or injury to a person or property due to the presence of some structural defect (such as decay).*

Submit the following documents with a completed Tree Removal Permit Application:

1. Detailed sketch or survey showing the property lines, lot size (acres), location of house and any other structures, trees including the location, species, and diameter at breast height (DBH) of all existing trees. Trees to be removed should be marked with an X.
2. Photos of trees to be removed
3. If a specimen tree is to be removed, a plan or written documentation authored by a RLS or ISA certified arborist indicating the reason for removal must be submitted for approval.
4. Show stream and stream buffer on the sketch or survey, if applicable. If not applicable to the site, indicate the absence of the stream and/or stream buffer on the site plan.

Number of Trees to be removed: _____

Total Specimen Trees: _____

Specimen trees include those listed within **Section 8-11. Vegetation protection** *of the Stone Mountain Code of Ordinances.*

Total Non-specimen Trees: _____

NOTE: On already-developed single-family residential lots, a homeowner can remove up to five non-specimen trees per calendar year without a permit**.**

CONTACT INFORMATION:

Property Owner Information:

Name: _____

Phone Number: _____

Email Address: _____

Applicant Information:

Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Contractor Information:

Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

A copy of the contractor's Business License and Liability Insurance is required prior to permitting.

The Applicant shall be responsible from the date of this permit, or from the time of the beginning of the first work, whichever shall be the earlier, for all injury or damage of any kind resulting from this work, whether for basic services or additional services, to persons or property. The Applicant shall exonerate, indemnify and save harmless the City from and against all claims or actions, and all expenses incidental to the defense of any such claims, litigation, and actions, based upon or arising out of damage or injury (including death) to persons or property caused by or sustained in connection with the performance of this permit or by conditions created thereby or arising out of or in any way connected with work performed under the permit or for any and all claims for damages under the laws of the United States or of Georgia, arising out of or in any way connected with the acquisition of and construction under the permit and shall assume and pay for, without cost to the City, the defense of any and all claims, litigations and actions suffered through any act or omission of the Applicant or any subcontractor, or anyone directly or indirectly employed under the supervision of any of them.

I HEREBY CERTIFY THAT I HAVE EXAMINED AND UNDERSTAND ALL INFORMATION ON THIS APPLICATION AND THAT THE ABOVE STATEMENTS AND INFORMATION SUPPLIED BY ME ARE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING WORK TO BE PERFORMED SHALL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

Signature of Applicant: _____ **Date:** _____

Signature of Property Owner: _____ **Date:** _____

FEE SCHEDULE	
TREE REMOVAL PERMIT	$100 each

Methods of payment: Cash, Money Order and Credit Cards can be taken at City Hall or via a credit card authorization form.

(MAKE CHECKS PAYABLE TO THE CITY OF STONE MOUNTAIN)

Owner Permission Affidavit

Subject Property Address: _____

Property Owner:

Name (Person, Firm, Corporation, or Agency): _____

Mailing Address: _____

_____

_____

Phone: _____

Email: _____

Authorized Applicant:

Name (Person, Firm, Corporation, or Agency): _____

Mailing Address: _____

_____

_____

Phone: _____

Email: _____

I (Property owner/agent) am applying for, or I hereby give authority to the authorized applicant to file an application for the following address: _____

Type of Application: _____

_____ _____

Property Owner's signature Property Owner's printed name

This instrument was signed before me on this date: _____

County: _____ Georgia Notary Signature: _____

Affix seal/stamp as close to signature as possible

City of Stone Mountain
875 Main Street • Stone Mountain, GA 30083 • 770-498-8984

Credit Card Authorization Form

City of Stone Mountain
875 Main Street
Stone Mountain, GA 30083

Sign and complete this form to authorize the merchant below to make a one-time charge to your credit listed below.

By signing this form, you give us permission to debt your account for the amount indicated **plus a 5% service fee** on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

CREDIT CARD INFORMATION

Card Type: _____

Cardholder Name (as shown on card): _____

Card Number : _____Security Code (CVV): _____

Expiration Date (mm/yy): _____Zip Code:_____

BILLING INFORMATION

Billing Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Reason for Payment: _____

I, _____, authorize the City of Stone Mountain to charge my credit card indicated above for $_____ on _____(date).

_____ _____
Customer Signature Date

***Authorization form must be accompanied by a copy of the card holder's driver's license or valid I.D.**

Rev. 03.08.24