

Lancaster Conservation Commission

Tree Removal Request Form & Checklist

Date: _____

Property Owner/Applicant: _____

Address: _____

Phone _____ Email: _____

Property Address: _____

Resource Area Affected (Check all that apply):

Buffer Zone: _____ Riverfront Area: _____ Wetland: _____ Vernal Pool: _____

Pond: _____ Perennial Stream: _____ Intermittent Stream: _____

Reason for Removal (Check all that apply and describe below):

Storm Damage: _____ Property Protection: _____ Property Access: _____

Utility Work: _____ Other: _____

Total Number of Trees to be Removed: _____		
Tree Removal Location Shown On (Check One): Plot Plan: _____ Sketch: _____		
Have the Proposed Trees Been Inspected by an Arborist or Other Qualified Person? Yes: _____ No: _____ Company/Name: _____		
Are Photographs Provided? Yes: _____ No: _____		
Are the Trees Numbered for Identification? Yes: _____ No: _____		
Will Stumps be Removed (Check One)? Yes (Ground): _____ Yes (Pulled): _____ No: _____		
Is Replanting or Other Mitigation Proposed? Yes: _____ No: _____ If Yes, Number of: Trees: _____ Shrubs: _____ Plants: _____		

*** Please Show Tree Removal Locations on Accompanying Plot Plan or Sketch. ***

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Please provide the following information for each tree proposed for removal:

Tree Number	Tree Species (Red Maple, White Oak, Sweet Birch, etc.)	Diameter at 4 feet (inches)	Distance from Resource (feet)	Distance from Structure (feet)	Removal Approved (Yes or No)
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					
21)					
22)					
23)					
24)					
25)					