## Town o **Land Clear**

| Town of Abita Springs  | -Office Use Only- Received in Office By: |
|--|--|
| Land Clearing Application  | Date:                                    |
| THIS APPLICATION IS PART OF THE BUILDING   | Permit #:                                |
| PERMIT APPLICATION AND MUST BE SUBMITTED IN CONJUNCTION WITH YOUR BUILDING PACKET. | RESIDENTIAL NON-RESIDENTIAL              |
| Property Address:  |  |
| ARBORIST INFORMATION   |  |
| Name:  | Email:                                   |
| Phone:Ali  | ternative #:                             |
| OWNER/CONTRACTOR INFORMATION   |  |
| Name:I   | Email:                                   |
| Mailing Address:   |  |
| Phone:Ali  | ternative #:                             |
| ESTIMATED START DATE:  | ESTIMATED COMPLETION DATE:               |

## TREE REMOVAL PLAN (drawn to scale)

- Must depict the location, size- (diameter at breast height/dbh) and species of all trees proposed to be removed.
- Specific location, size and species of specifically protected trees.
- Location of trees or stands of trees proposed for preservation.
- Intended methods of marking trees to be preserved.
- Location of critical root zones of specifically protected trees to be preserved.
- Location of protective barriers for trees.
- Erosion and sediment control plan to control the runoff of sediment when soil will be disturbed. (Not required when the disturbed area comprises less than 50% of the lot or parcel and is located at least 10 feet from all property lines.)
- Dimensions and locations of all proposed improvements, such as buildings or structures, driveways and paved walkways.

Owner authorizes the removal of trees as laid out in the Tree Removal Plan and according to the ordinances of the Town of Abita Springs. Further, owner acknowledges that failure to comply with the ordinance of the Town of Abita Springs could result in penalties up to and including imprisonment.

\$40 per acre, per parcel, \$45 each for Initial and final Inspection, \$45 each for reinspection

| Signature of Owner | Signature of Arborist |
|--------------------|-----------------------|

## Town of Abita Springs Land Clearing Application

(TO BE FILLED OUT BY TOWN APPOINTED ARBORIST)

| Property Address:  |
|--|
| TOWN ARBORIST INSPECTION REPORT: INITIAL INSPECTION  |
| Date: Town Arborist:   |
| Name   |
| Land Clearing Application Approved Approved with Notes Denied  |
| Notes:   |
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|  |
| Town Arborist Signature:   |
| TOWN ARBORIST INSPECTION REPORT: FINAL INSPECTION  |
| TOWN ARBORIST INSPECTION REPORT: FINAL INSPECTION  |
| TOWN ARBORIST INSPECTION REPORT: FINAL INSPECTION  Date: Town Arborist:  |
| TOWN ARBORIST INSPECTION REPORT: FINAL INSPECTION  Date: Town Arborist:  Name  Completed Work:   |
| TOWN ARBORIST INSPECTION REPORT: FINAL INSPECTION  Date: Town Arborist:  Name  Completed Work: Clearing abides by all previously agreed conditions |
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Form: Land Clearing Permit