

DATE RECEIVED:

TREE REMOVAL REQUEST



DATE OF REQUEST: _____

OWNER/MEMBER: _____

UNIT/LOT: _____

PML ADDRESS: _____

PHONE#: _____

MAILING ADDRESS: _____

Please explain why you are requesting to remove or trim a tree(s):

Number of trees to be inspected: _____

Type of tree/trees: _____

PINE, OAK, CEDAR, ETC.

Please sketch a diagram of the tree/trees in relationship to your home and driveway. **FLAG TREES PRIOR TO INSPECTION.**

Please checkmark which condition may apply to your tree/trees.

Arborist recommendation (written analysis required)	Defensible Space/Fire Safety
Bug infested, diseased, dead	Thinning, benefit to other trees
Construction purposes	Damaging to structure or driveway
Limbing branches only (not removing tree)	Utility cable clearing
Hazard tree (leaning towards home or neighboring home)	Non native landscape tree

OFFICE USE ONLY:	Tree Inspection done by:	
Fire Safety Department	Maintenance Department	Environmental Control Committee-ECC
COMMENTS:		
Inspectors Signature: _____		DATE: _____

PMLA Governing Document Reference:
Declaration of Restrictions, Article VIII, Section 1(k)
No existing trees with a diameter greater than five inches shall be destroyed, uprooted, cut down or removed from any Lot without first obtaining a tree-cutting permit from the Association.