

OFFICE USE ONLY:  
DATE RECEIVED: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

**COMPLETE BOTH PAGES COMPLETELY AND ATTACH PICTURES AND SITE PLANS**



## TOWN OF ROCK HALL APPLICATION OF TREE REMOVAL

**PERMIT NUMBER:** \_\_\_\_\_

### PROPERTY INFORMATION:

STREET ADDRESS: \_\_\_\_\_

PROPERTY TAX ID: \_\_\_\_\_

USE OF PROPERTY: \_\_\_\_\_

### PROPERTY OWNER:

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### APPLICANT/CONTRACTOR, IF DIFFERENT FROM OWNER:

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ MD LICENSE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IS THE PROPRTY ON THE CRITICAL AREA? \_\_\_\_ YES \_\_\_\_ NO

**APPLICATION WILL NOT BE APPROVED WITHOUT PICTURES OF THE TREE(S) BEING REMOVED, A PROPOSED DRAWING OF WHERE TREE(S) ARE LOCATED ON THE PROPERTY, AND WHERE REPLACEMENT SPECIES ARE GOING TO BE PLANTED.**

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## TOWN OF ROCK HALL: APPLICATION FOR TREE REMOVAL

### DESCRIPTION OF TREE(S) BEING REMOVED:

### LIST DATE(S) THAT TREE REPLENISHMENT/REPLACEMENT IS SCHEDULED:

SUBMIT APPLICATION AND REQUIRED DOCUMENTS TO ROCK HALL TOWN HALL , 21447 ROCK HALL AVE  
OR EMAIL TO BRANDEE VAUGHAN, CODE ENFORCEMENT OFFICER AT, [bvaughan@rockhallmd.gov](mailto:bvaughan@rockhallmd.gov)

### SIGNATURE OF OWNER/AUTHORIZED AGENT:

By signing below, I certify and agree as follows: (1) I am authorized to make this application. (2) All information is correct. (3) I will comply with all regulations and coeds of the Town of Rock Hall. (4) I will perform only the work described above. (5) I grant town officials the right to enter the property for the purpose of evaluating/inspecting the work and/or replacement. (6) If tree replenishment is needed, I/we agree to have the proper replacements in by the following Fall/Spring planting season, and I/we agree to replace each tree removed with another tree native to the Rock Hall area consistent with specification of the latest Town of Rock Hall Critical Area Program. I will contact the Town of Rock Hall once the proper replacement has been planted to request inspection.

### OWNER/AUTHORIZED AGENT:

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

#### FOR OFFICE USE ONLY

REVIEWED & APPROVED BY: \_\_\_\_\_

APPLICATION APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_

FEE REQUIRED: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE FEE PAID: \_\_\_\_\_

DATE REPLACEMENT TREES INSPECTED: \_\_\_\_\_