



843.795.4141  
Fax: 843.795.4878  
Town Hall  
1238-B Camp Road  
James Island, SC 29412

**Tree Alteration Request**  
**Planning Department**

Date: \_\_\_\_\_

**Requestor's Information:**

Name: \_\_\_\_\_

Phone # (cell): \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (home): \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**Tree Information:** (One tree per form)

Requested Action:  Prune  Remove

DBH (inches): \_\_\_\_\_ (Diameter at 4.5 ft. along tree centerline; Diameter = circumference ÷ π)

Address/Location of Tree: \_\_\_\_\_

Tree Species: \_\_\_\_\_

**Reason for Request:**

Dying  Dead  Safety Hazard  Diseased  Beautify (For tree pruning only)

Please describe, in detail, the reason for your request to the best of your ability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supplemental Materials Attached (Pictures of the tree; arborist approval, etc.)

\*\* Please feel free to email the supplemental materials to the Planning Department at [planning@jamesislandsc.us](mailto:planning@jamesislandsc.us)

**Resources:**

Find out more about the tree removal process by clicking [here](#) or

Go to [www.jamesislandsc.us](http://www.jamesislandsc.us)

Click on *Residents*

Click on *Forms and Documents*

Look for Tree Removal Process under Planning and Zoning

**FOR OFFICIAL USE ONLY**

**Approved Action:**  Prune  Remove

TMS #: \_\_\_\_\_

Contractor Performing Work: \_\_\_\_\_ License #: \_\_\_\_\_

Planning Director: \_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)