



Wilmington Conservation Commission Request for Administrative Tree or Shrub Removal

Request Date _____

Address _____ Map _____ Parcel _____

Property Owner Name(s) _____

Phone _____ Email _____

Applicant (if different) _____

Phone _____ Email _____

Trees requested for removal _____ # Shrubs requested for removal _____

Reason for Tree or Shrub Removal Request:

(Check all boxes that apply. See the Tree and Vegetation Removal Policy for definitions and requirements)

- ☐ Current safety hazard within the fall radius of an active use area
☐ Encroachment that substantially interferes with an active use area

Description:

Where are the Trees or Shrubs Located in the Landscape?

☐ Lawn # _____ ☐ Landscaped/Hardscaped Area # _____ ☐ Natural Area # _____

Active Use Areas Impacted:

☐ Lawn ☐ Landscaped/Hardscaped Area ☐ Structure ☐ Driveway/Access Way
☐ Parking Lot ☐ Utility Right-of-Way ☐ Other _____

Areas Subject to Jurisdiction:

☐ Bordering Land Subject to Flooding ☐ Riverfront Area ☐ 100-Foot Buffer Zone

Tree Removal Equipment Type: _____

Stumps to be Removed? (upland areas only) ☐ Yes ☐ No

Certified Arborist Assessment Attached? ☐ Yes ☐ No

Sketch using area below or attach plan to scale showing wetland resource areas, 100-foot buffer zone, location of trees or shrubs, tree diameters, tree/shrub IDs (#, letter, etc.), and distance to wetland resource areas:

Submission Checklist (see Department of Planning & Conservation Website for Deadlines):

- ☐ One (1) original and eight (8) copies of this completed form and all supporting information
- ☐ Trees or shrubs flagged in the field for review
- ☐ Photo of each tree or shrub with ID

I hereby agree to comply with the stipulations outlined in the Wilmington Conservation Commission Tree and Vegetation Removal Policy, and the determinations set forth by the Conservation Agent, Director of Planning & Conservation, and/or the Conservation Commission regarding tree and vegetation removal within areas subject to jurisdiction on my property. This includes requirements for tree and shrub replacement as approved.

Property Owner Signature

Print Name

Property Owner Signature

Print Name

Office Use Only ☐ Approved (Fill In Below) ☐ Formal Filing Required

Date: _____ Approved By: _____

Removal: # Trees _____ # Shrubs _____ Replacement: # Trees _____ # Shrubs _____