Department of Planning and Development

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gwinnettcounty

APPLICATION FOR SPECIMEN TREE REMOVAL AUTHORIZATION

Name of Development_____ Type_____

Location_____ Acreage_____

Dist., LL., Parcel No. _____Commission District _____ Zoning _____

Developer _____ **Designer** _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Phone _____ Phone _____

E-Mail _____ E-Mail _____

SPECIMEN TREE CONCEPT PLAN CASE NUMBER: **STC**_____

Tree ID (Number)	Diameter (Inches)	Type of Tree	Tree Density Units (UDO Table 630.3)	Recompense Tree Density Units (To Be Completed by Director)

DEPARTMENT OF PLANNING & DEVELOPMENT

DIRECTOR Authorized By _____ Date _____

Conditions: _____