

City of Sky Valley, Georgia

Tree Cutting Permit Application

Please mail completed form and permit fee to:

City of Sky Valley
3608 Hwy 246
Sky Valley, GA 30537

Property Location _____

Property Owner Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Applicant Information (if other than homeowner)

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Lifetime Maximum of 25% of trees outside of house footprint can be cut. Topping is highly discouraged - Ask us why.

Number of trees to be CUT _____

Number of trees to be TOPPED _____

Number of trees to be TRIMMED _____

Purpose for Request: _____

*****If a crane is to be used with road closure the city must be notified prior to by calling the Police Dept at 706-746-5584*****

Please select the appropriate box for number of trees to be Cut or Topped.

1-5 trees \$100.00

\$100 + \$20.00 for each additional tree over

Trimming/Pruning - \$25.00

Dead, Diseased, or Trees Creating A Hazard (to be verified by the City Marshal) - \$25.00

INSURED CONTRACTOR who will be responsible for cutting/topping/trimming and removing tree cuttings

Name _____

Phone Number _____

Liability Ins Carrier _____

WC Ins Carrier _____

IMPORTANT INFORMATION - PROPERTY OWNER, APPLICANT & CONTRACTOR MUST ALL READ AND SIGN APPLICATION BELOW. This application MUST be accompanied by a plat or sketch indicating which trees are to be cut, topped, or trimmed. Contractor must provide proof of insurance prior to issuance of a tree cutting permit unless property owner signs Affidavit accepting full responsibility. Trees to be cut, topped, or trimmed MUST BE clearly marked. Failure to obtain a tree cutting permit or cutting additional trees not approved by the City will be considered a violation of the City's Tree Cutting Ordinances and will subject OWNER/CONTRACTOR to a fine not to exceed \$1000 per tree as well as replanting requirements as set forth therein. Failure to remove any tree cuttings within 14 days of completion will be considered a violation of the Ordinance and will subject Applicant/ Contractor to a fine of \$100 per day. APPLICANT is responsible for calling City Hall for a final inspection within said 14 day period to avoid these penalties. Tree cuttings authorized under this permit are NOT eligible to be left out for the City's chipping service. By signing this application you are agreeing that you have reviewed the City's Tree Cutting Ordinances and you acknowledge reading and understanding the contents of this permit and said Ordinances and will comply with the provisions therein.

Property Owner Signature _____

Applicant Signature _____

Contractor _____

PERMITTED CUTTING AS APPROVED BY CITY

#r of trees to be CUT _____

#of trees to be TOPPED _____

of trees to be TRIMMED _____

**FOR OFFICIAL USE ONLY
PERMIT AS APPROVED BY THE
CITY OF SKY VALLEY**

Ins/Affid & Sketch Received _____

Date Received _____

Date Approved _____

Permit Expiration **90 DAYS AFTER APPROVAL**