



Tree Removal Permit

Date of Permit request: _____

Owner and mailing address: _____

Address of tree location: _____

Phone number: _____ Email: _____

Number of trees/type:

Method of identification of trees to be removed:

Sketch of area involved:

Reason for request: _____

Date requested to remove tree: _____

For Office Use Only:

Permit Number: _____

Date of approval: _____

Date of notification: _____

Return completed form to Jeff Grey, Town of Southern Pines Tree Arborist, e-mail jgrey@southernpines.net fax to: 910.692.1085, or mail to: 801 S.E. Service Rd., Southern Pines, NC 28387