

Hidden Cove Homeowner's Association  
**ARB TREE REMOVAL REQUEST FORM T1-A**

Please complete and submit, along with required documentation, to 635 Rutledge Ave Ste 105,  
Charleston, SC 29403 OR, preferably email to [jhaynie@postonco.com](mailto:jhaynie@postonco.com)

Date of Submittal: \_\_\_\_\_ Name of Homeowner: \_\_\_\_\_  
Date Received By Property Manager: \_\_\_\_\_ Address of Home: \_\_\_\_\_  
Requested Start Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Expected Completion Date: \_\_\_\_\_ Email Addr: \_\_\_\_\_

**Attach a property tree survey, plat or listing showing all your trees and mark or annotate the trees you want to remove.**

Note: the survey does not have to be a professionally draw plat – just needs to be clear enough so the ARB can see what trees you have and where, and which ones your requesting to remove.

The following trees I hereby request to be removed:

No.	Type of Tree	Tree # on Survey/Plat	Diameter " (at DBH)	Reason For Removal	To Be Replaced Y or N ?
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Homeowner Signature \_\_\_\_\_

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**To Be Completed By ARB**

Date Considered Received By ARB: \_\_\_\_\_

Approved without conditions

Approved with the following conditions:

\_\_\_\_\_  
\_\_\_\_\_

Additional information required:

\_\_\_\_\_  
\_\_\_\_\_

NOT approved for the following reason (s):

\_\_\_\_\_  
\_\_\_\_\_

ARB Chair Signature \_\_\_\_\_

Date ARB Action \_\_\_\_\_

Date Property Owner Informed \_\_\_\_\_