

Hidden Cove Homeowner's Association
ARB TREE TRIMMING REQUEST FORM T1-B

Please complete and submit, along with required documentation, to 635 Rutledge Ave Ste 105,
Charleston, SC 29403 OR, preferably email to 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 the trees you want to trim by removing more than **25%** of the existing **crown**, OR, **limbs** you want to remove that are **6" (DBH) or greater**. 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 trimmed:

<u>No.</u>	<u>Type of Tree</u>	<u>Tree # on Survey/Plat</u>	<u>Diameter " (at DBH)</u>	<u>Trimming Intention (removal of 25% crown or 6"+ dia. limbs.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Homeowner Signature _____

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 _____