

TREE CUTTING PERMIT APPLICATION

Name:		Date:
Mailing Street Address:	City:	State & Zip
Telephone:	Email address:	
Legal Location: Lot No. _____ Colony <input type="checkbox"/> Div No.: _____ Village <input type="checkbox"/> Blk No.: _____ Highlands <input type="checkbox"/>	Street Name and No.:	

Number of trees to cut down:

Reason for removing trees (e.g., clearing for building, enhance view, etc.):
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Owner's Signature:	Date:
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----- **CLUB USE ONLY** -----

We have reviewed this application and:		
1		Your request is hereby approved.
2		Your request is hereby denied at this time for the following reason(s):
3		Your request has been referred to the CGCC Board of Trustees for a decision and will be heard at the _____ meeting at _____ p.m.
Signature:	Title:	Date: