

**CHARBONNEAU HOMEOWNERS ASSOCIATION & CHARBONNEAU COUNTRY CLUB
TREE REMOVAL APPLICATION FORM**

Applicant: _____

Address: _____

Phone: _____

Removal Details:

Number of Trees: _____ Species: _____ Sizes*: _____

Reason(s) for Removal: _____

Location of Tree(s): _____

I agree that whichever option is chosen I will pay all costs unless otherwise stated by the landscape committee. The plan for replacement of trees or alternative landscaping that is more suitable is: _____

This tree is within my property lines, and I agree to remove the tree and stump at my cost.

Yes___ No___

If No, please explain: _____

Applicant's Signature _____ Date: _____

___ Approve ___ Disapprove: _____ Date: _____

Landscape Committee Chair

___ Approve ___ Disapprove: _____ Date: _____

Charbonneau Country Club

***Tree size: State the circumference in inches at 4½ feet above ground level. This form applies to trees that are 18¾ inches or larger in circumference at the 4½ foot level.**

Please take a picture of the tree you wish to remove. You can then send the picture electronically or print the picture and attached to the form.

Please send the completed form to Steve or Mike Chinn, 503-266-5351 (contact@candsservicesllc.com).