



COMMUNITY DEVELOPMENT DEPARTMENT

121 South McDonough Street, Jonesboro, GA 30236

Office: (770) 477-3569

<https://www.claytoncountyga.gov/government/community-development>

TREE REMOVAL PERMIT APPLICATION

Application Submittal:

This application is required for all Tree Removal Permit submittals (Ch.86 Article II).

Incomplete applications will **not** be accepted.

Please meet with the Office of Planning, Zoning, and Sustainability staff regarding any questions or clarifications. Applicants are also able to schedule a pre-application meeting with staff for additional assistance.

Supporting Documentation:

See Document Requirements Matrix (attached)

Tree Removal Applications are Required for the following:

- The removal of six (6) or more trees on any single family residential property or the removal of any tree with the diameter breast height (DBH) of thirty inches (30") or greater on a residential property. Note: No homeowner may remove a tree within two (2) years of the issuance of a certificate of occupancy as planted by the developer to meet tree density requirements.
- If a Master Plan, Land Disturbance, Clearing or Grading Permit is not required, then an application is required for: The removal of any tree on any lot or lots with a DBH of six inches (6") or greater, or the removal of three (3) or more trees with individual DBH of less than six inches (6")
- For all developments where a Master Plan, Land Disturbance, Clearing or Grading Permit is required, tree removal will be reviewed in conjunction with the underlying permitting process.
- For Timber Harvesting the applicant must fill out the Timber Harvesting application and comply with the Timber Harvesting requirements of the Tree Ordinance.

The Following are Exempt from Permitting:

- The removal of five (5) or fewer trees less than thirty inches (30") on any single-family residential property, within a single calendar year, unless land disturbance is taking place.
- Private septic system and drainage field: Documentation from the Board of Health is required noting that exemption is warranted
- Removal of disease, infestation or hazardous trees: Documentation from a Certified Arborist and/or State Forestry Commission is required to be eligible for this exemption.

Fees:

There is no fee to submit a Tree Removal application.



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Applicant Has Previously Attended a Pre-Application Meeting: Yes No

OWNER / APPLICANT:

Owner Name:			Applicant Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Tel #:	Mobile #:		Tel #:	Mobile #:	
Email:			Email:		

CONTRACTOR INFORMATION:

Contractor Name:		
Address:		
City:	State:	Zip:
Tel #:	Mobile #:	
Email:		

PROPERTY INFORMATION:

Property Location:		Commission District:
Parcel #(s)	Current Zoning District:	Total Acreage:

Any Applicable Zoning Overlay Districts: N/A Mountain View Old Dixie

Highway 138 Highway 42 Highway 54 Tara Boulevard Panhandle Area Cherry Hills



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TREE INFORMATION:

Number of Existing Trees: _____

Species Type and Diameter Breast Height: _____

Species Type and Diameter Breast Height: _____

Species Type and Diameter Breast Height: _____

Number of Proposed Replacement Trees: _____

Species Type and Diameter Breast Height: _____

Species Type and Diameter Breast Height: _____

Species Type and Diameter Breast Height: _____

Number of Removed Trees: _____

Species Type and Diameter Breast Height: _____

Species Type and Diameter Breast Height: _____

Species Type and Diameter Breast Height: _____

Reason for Removing Trees:

I hereby certify that the information provided in this application is true and accurate.

Print Name _____ **Signature** _____ **Date** _____

PLANNING, ZONING, & SUSTAINABILITY APPLICATION SUBMITTAL REQUIREMENTS

ZONING APPLICATIONS	Completed Application	Property Owner Authorization	Notarized Campaign Disclosure Form	Property Deed	Letter of Intent	Survey of Existing Property	Sewer/Septic Letter	Site Plans	Site Photos
ZONING APPEALS									
Administrative Decision Appeals	X				X				
Zoning Variance	X	X		X	X	X		X	
ADMINISTRATIVE PROCESS									
Pre-Application Meeting Request	X				X	X		X	
Zoning Verification Letter Request	X				X	X			
Minor Subdivision, Lot Combination, Lot ReParcel	X	X		X	X	X	X	X	
Tree Removal	X	X		X	X	X		X	X
Timber Harvesting	X	X			X	X		X	X
Urban / Market Garden	X	X			X	X	X	X	
Sign Permit	X	See Sign Permit Application							
LAND DEVELOPMENT									
Site Development	X	X		X	X	X		X	
Preliminary Plat	X	X		X	X	X		X	
Final Plat	X	X		X	X	X		X	
REZONINGS & LAND USE									
Rezoning (Map Change)	X	X	X	X	X	X	X	X	
Future Land Use Plan Amendments	X	X	X	X	X	X	X	X	
Zoning Condition Modifications	X	X	X	X	X	X	X	X	
Conditional Use Permit	X	X	X	X	X	X	X	X	
Planned Unit Development	X	X	X	X	X	X	X	X	

Note:

Letter of Authorization must be notarized

Sewer Letter from Clayton County Water Authority or Septic Letter from Clayton County Health Department

JEFFREY E. TURNER
CHAIRMAN
MICHAEL L. EDMONDSON
VICE CHAIRMAN / DISTRICT 4
SONNA SINGLETON-GREGORY
DISTRICT 1
GAIL B. HAMBRICK
DISTRICT 2
FELICIA FRANKLIN WARNER
DISTRICT 3

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PATRICK EJIKE
DIRECTOR

PROPERTY OWNER(S) AUTHORIZATION FORM

I _____ swear and affirm that I am the owner of the property at
(Property Owner's Name)

_____, as shown on the Tax
(Property Address and Parcel Number)

Map And/or deed records of Clayton County, Georgia.

I hereby authorize _____ to act as the applicant or agent in pursuit of
(Applicant Name)

the development requested on this property.

(Signature of Property Owner)

Personally appeared before me on this _____ day of _____ 20_____

My Commission expires on _____

Notary Signature/Seal

Date