



Application Approved by
KHA Board on 9/6/2022

Verification By: _____
Date: _____

KILLEARN HOMES ASSOCIATION

Tree Removal Application

Property Owners Name: _____ Date: _____

Street Address: _____ Work Dates: _____

Telephone: _____ Email: _____

Name of Tree Service/Tree Cutting Vendor: _____

Was an Arborist consulted? YES NO Name of Arborist: _____

Applications must contain the following information:

1. A separate written statement from an arborist describing the condition of each diseased or damaged tree to be removed. Other circumstances
2. A site map (a map of your property as seen from above) with all the trees on your property indicated as "O's" and each tree to be removed labeled with an "X". If you need more space, please use

Note: Tree removals may also require a city permit from the City of Tallahassee Growth Management Department. You can call the City at 850-891-7001, option 4.

I WOULD LIKE TO APPEAR
BEFORE THE COMMITTEE.

Property Owners Signature _____ Proposed Start Date _____

Please complete the chart below providing as much information as possible.

Species	Diameter	Health	Reason for Removal

____ (initial) **You agree to adhere to the construction schedule provided above; if you require a work extension, you must have prior written authorization from the ACC Committee. If your project requires a building permit, the permit must be submitted to the association prior to the beginning of construction, with proof of final inspection submitted upon completion.**

ARCHITECTURAL CONTROL COMMITTEE (For Committee Use ONLY)

Application Decision: Approved Tabled Disapproved

Permit Requirements

This approval shall not waive any violations of covenants and restrictions.
Plan approval is contingent upon approval of exterior colors and landscaping.

Signature :

Date:

City Building Permit

City Building permit
submitted to KHA prior
to construction

Final inspection
submitted to KHA