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

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

Signature : **Date:**

_____

_____

_____

Permit Requirements

☐ **City Building Permit**

☐ **City Building permit submitted to KHA prior to construction**

☐ **Final inspection submitted to KHA**