



Tree Clearing Application

www.ClaytonNC.org/Fees

Applicable Fees: *Tree Clearing Certificate Fee*

SITE INFORMATION

Name of Project: _____

Acreage of Property: _____ Zoning District: _____

County Tag #: _____ NC Pin #: _____

Address/Location: _____

Are you submitting the application under the ordinances and policies in effect at the time of the application for review by the Town of Clayton? Yes No

If you answered "No" to the question above, please specify the ordinance(s) and/or policy(ies), including version(s), under which the application is being submitted: _____

Note: Supporting documentation must be submitted with the application.

APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Contact Person: _____

Email Address: _____

OFFICE USE ONLY

Date Received: _____ Amount Paid: _____ File Number: _____

PROPERTY OWNER INFORMATION

Name: _____

Mailing Address: _____

Phone Number: _____ **Fax:** _____

Email Address: _____

REQUIRED INFORMATION (to be submitted with the application)

Tree Clearing Certificate Checklist			Staff Use Only
Enter Y/N/N/A	Application Submittal Requirement		Y, N, N/A
	A	Documents to be Submitted	
	1	This checklist, completed by applicant	
	2	Application	
	3	Application fee	
	4	PDF copy of all plan and supplemental materials	
	5	Owner's Consent Form, if applicant is not the property owner	
	6	Vegetation Protection Plan on a sheet no longer than 24"x36".	
	B	Vegetation Protection Plan Requirements	
	1	Vicinity Map showing location of the tract at a readable scale	
	2	Map of entire tract, including property boundary of entire tract by courses and distances with references to true meridian and location and dimension of all on-site and adjacent off-site easements	
	3	General information about tract, including but not limited to owner of the tract, current zoning of tract, area of the tract, and any conditional zoning conditions if applicable.	
	4	Owner, current zoning, and present use of all contiguous properties (including property on opposite side of adjoining street)	
	5	General classification of all existing and proposed adjacent roadways and ultimate right-of-way boundaries associated with these roadways	
	6	Location and width of all future required landscaping areas, including riparian buffers, perimeter landscaping buffers, and streetscapes	
	7	Proposed limits of tree removal or land disturbance activities	
	8	Location and width of all required tree protection areas	

APPLICANT AFFIDAVIT

I understand that by signing this application I am legally bound to the representation, terms, and conditions herein. By signing below, I certify that I was technically able to read and had a reasonable opportunity to read this disclosure. I further acknowledge that I am authorized to submit this application, and any subsequent revisions thereto, and confirm having obtained permission from the property owner/occupant for the application and the Town's entry onto the property, if applicable. I further authorize Town of Clayton representatives to enter the site for purpose of conducting inspections or evaluations to determine compliance with applicable laws, policies, and manuals. I hereby certify that all of the information provided in this application and any attached documents is true, accurate, and complete to the best of my knowledge. I understand that any false information may result in rejection of the application or revocation of the permit or plan. I understand this submittal with its related materials and all attachments become official records of the Town of Clayton, North Carolina, and will not be returned. I understand this application and any communication, approval, or resulting permits issued as a result of this application are subject to disclosure pursuant to the North Carolina Public Records Act. I also acknowledge that, pursuant to NCGS § 143-755(b1), failure to respond to Town comments or holding the permit application on hold for six consecutive months or more will result in the cessation of review and forfeiture of all application fees, requiring a new application under current regulations. I shall not hold the Town of Clayton, its officers, employees and agents liable for any claims, losses, liabilities, expenses, charges or damages arising from or relating to incomplete, inaccurate, or false applications, or any additional supplemental applications, with respect of any cause arising out of, resulting from, or in connection with the application or permit.

Furthermore, I understand that approval of a Tree Clearing Certificate shall permit the installation of any and all barriers necessary to protect existing trees within the required tree save areas from damage during tree removal and land disturbing activities. Failure to protect required tree save areas is a violation of the Unified Development Ordinance, and I understand that it will be subject to potential civil penalties outlined in Section 2.3.2.28G of the UDO. Once all barriers have been installed, a site inspection shall be required and it shall be the responsibility of the applicant to notify the Town when he/she is ready for this to be performed. Only after a Site Inspection is complete, shall the planning director issue the final Tree Clearing Certificate.

Print Name

Signature of Applicant

Date