



Development Services  
Planning Division  
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APPROVED: X DENIED: \_\_\_\_\_

PERMIT #: TTP-17-111

**Application for Tree Removal Permit**

Name of Applicant: Thomas Walsh, VP Facilities & Support Services  
New Hanover Regional Medical Center Phone: 910-343-2788 Date: 11-21-16

Name of Property Owner: New Hanover Regional Medical Center Phone: 910-343-2788

Property Owner Address: P.O. Box 9000 Wilmington, NC 28402

Address of Proposed Tree Removal: 2131 S. 17th Street, Wilmington, NC

Description of tree(s) to be removed/reason for removal: (provide attachment if necessary)

- 1. \_\_\_\_\_ 6. \_\_\_\_\_
- 2. \_\_\_\_\_ 7. \_\_\_\_\_
- 3. \_\_\_\_\_ 8. \_\_\_\_\_
- 4. \_\_\_\_\_ 9. \_\_\_\_\_
- 5. \_\_\_\_\_ 10. \_\_\_\_\_

Description of Replacement Tree(s): Replacement trees for the NHRMC Orthopedic Inpatient Hospital will be in accordance with the City of Wilmington Ordinance and approved landscape plan.

*Electrical Duct Bank*

Applicant Signature: [Signature] Date: \_\_\_\_\_

\*\*\*\*\*FOR OFFICIAL USE ONLY\*\*\*\*\*

Reviewed By: [Signature] Date: 12/16/16

Remarks: TREE REMOVAL PERMIT FOR ELECTRICAL DUCT BANK  
TREES WILL BE REPLACED AS PART OF ORTHOPEDIC HOSPITAL PLAN

ALL WORK MUST BE IN COMPLIANCE WITH THE CITY LAND DEVELOPMENT CODE, ARTICLE 8, LANDSCAPING AND TREE PRESERVATION.

NEW CONSTRUCTION: \_\_\_\_\_ EXPANSION: \_\_\_\_\_ OTHER: \_\_\_\_\_ PAID: \$50<sup>00</sup> PD

**Tree Preservation Permit Fees**

Less than 1 acre	\$25.00
1-5 acres	\$50.00
5-10 acres	\$100.00
Greater than 10 acres	\$150.00

RECEIVED

NOV 22 2016

PLANNING DIVISION