



Department of Planning,
 Development and Transportation
 Planning Division
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APPROVED: X DENIED: _____

PERMIT #: TRP-17-221

Application for Tree Removal Permit

Name of Applicant: Coastal Land Design, PLLC Phone: 910-254-9333 Date: 8-1-17

Name of Property Owner: ACADIA HEALTH CARE Phone: 910-254-5434

Property Owner Address: 6100 Tower Circle, Suite 1000 Franklin, TN 37067

Address of Proposed Tree Removal: 2645-2651 Carolina Beach Rd. Reflections Loop Wilmington, NC 28402

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

- | | |
|---|---|
| 1. <u>Regulated Trees to be Removed: 75</u> | 6. <u>Significant Trees to be Removed: 10</u> |
| 2. <u>Removed for essential site improvements</u> | 7. <u>(6) 24" Oak</u> Removed due to sig. grading and necessary for site improvements |
| 3. <u>(see attached plan for location, variety, and number)</u> | 8. <u>(2) 26" Oak</u> |
| 4. _____ | 9. <u>(1) 30" Oak</u> |
| 5. _____ | 10. <u>(1) 36" Oak</u> |

Description of Replacement Tree(s): Preserved tree credit of 171 trees applied to mitigation.

No additional trees req. for mitigation. Additional proposed trees are shown on the attached landsc. plan and include an add'l 75 shade trees and 61 small trees.

I Frank Braxton, certify that the property owner has given me permission to apply for this permit on his/her behalf.

Applicant Signature: [Signature] Date: 8/1/17

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

Reviewed By: [Signature] Date: 8/1/17

Remarks: Set APPROVED PLAN

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

NEW CONSTRUCTION: _____ EXPANSION: _____ OTHER: _____ PAID: \$100.00

PD 5/23/17
TC

Tree Preservation Permit Fees	
Less than 1 acre	\$25.00
1-5 acres	\$50.00
5-10 acres	<u>\$100.00</u>
Greater than 10 acres	\$150.00

RECEIVED
AUG 1 2017