



Department of Planning, Development and Transportation

Planning Division 305 Chestnut Street PO Box 1810 Wilmington, NC 28402-1810

910 254-0900 910 341-3264 fax www.wilmingtonnc.gov Dial 711 TTY/Voice

APPROVED: X DENIED: PERMIT #: TPP-21-095

Application for Tree Removal Permit Name of Applicant: Kevin Caison, Facility Projects Manaç Phone: (910) 798-43738 Name of Property Owner: __ New Hanover County Property Owner Address: Property Management, 200 Division Drive, Wilmington, NC 28401 Email address for permit to be sent: kcaison@nhcgov.com & ed@thesitegroup.net Address of Proposed Tree Removal: _____1000 Medical Center Drive Description and location of tree(s) to be removed & reason for removal: (provide attachment if necessary and tag tree(s) on site) Removal of trees associated with The Healing Place of New Hanover County development. See attached SITE 100 EXISTING CONDITION PLAN (402 regulated trees to be removed) Description of replacement trees: Interior landscaping (Sec 18-481) & Street Yard (Sec 18-477) per LDC. I, Kevin Caison, Facility Projects Manager _____, certify that the property owner has given me permission to apply for this permit on his/her behalf. **************FOR OFFICIAL USE ONLY****************************** Reviewed by: B. Chambers Date 11/20/20 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 7/17/20 Tree preservation permit fees Less than 1 acre \$25.00 \$50.00 1-5 acres \$100.00 5-10 acres Greater than 10 acres \$150.00

****IF MITIGATION IS REQUIRED, CONTACT THE ZONING DEPARTMENT AT (910)254-0900 TO DISCUSS A PLANTING SCHEDULE****