

LUDLOW MAINTENANCE COMMISSION

Architectural Control Committee

**Post Office Box 65060
Port Ludlow, WA 98365**

PROPERTY OWNER'S REQUEST FORM

TREE REMOVAL

(REGULATION II, ARTICLE I, PARAGRAPHS 1, 2, 3 & 10)

Owner's Name _____

Mailing Address _____

Phone: _____ E-mail: _____

Property Description: Port Ludlow No.: _____ Area No.: _____ Lot No.: _____

Street Address (if different from above) _____

List trees to be removed (for each tree please indicate species, diameter at breast height, and reasons for removal). Maximum height of tree after cutting shall be 24" above finish grade or remove trunk and root system.

Contractor Name _____ Phone _____

Disposal: _____ Completion Date: _____

To be considered this application must include a plot plan indicating the location of all trees on the site. **Trees to be cut or removed must be marked or tied with brightly colored vinyl tape** (this may be obtained at the hardware store or picked up at the Beach Club front desk). Work Hours are from 8:00a.m. to 6:00p.m.

The ACC may visit your property before making a decision. All cut material must be removed from site within two (2) months.

Signed (Owner) _____ Date: _____

Approved (ACC) _____ Date: _____

Denied (ACC) _____ Date: _____

Reason (ACC) _____
