



TOWN OF COLONIAL BEACH
 Department of Planning and
 Community Development
 315 Douglas Avenue
 Colonial Beach VA 22443
 (804) 224-7506
 Fax (804) 224-7185
www.colonialbeachva.net

APPLICATION FOR WOOD LOT MANAGEMENT ZONING PERMIT

In order to process your permit the following items must be submitted. Failure to submit a complete package shall result in a delay in approving and/or releasing the permit.

WOODLOT MANAGEMENT APPLICATION CHECKLIST		
APPLICANT	ITEMS REQUIRED	STAFF
<input type="checkbox"/>	Description of trees to be removed/replanted	<input type="checkbox"/>
<input type="checkbox"/>	A letter from the State Forester or a Certified Arborist certifying the condition of the tree(s)	<input type="checkbox"/>
<input type="checkbox"/>	A Completed and Signed Woodlot Management Permit Application	<input type="checkbox"/>
<input type="checkbox"/>	A completed Sub-contractor Roster (if needed)	<input type="checkbox"/>
<input type="checkbox"/>	Permit Fee – Check made payable to the “Town of Colonial Beach”	<input type="checkbox"/>

In order to meet the requirements of the Chesapeake Bay Preservation Act, new native species trees must be replanted within 6-months. A list of native species is available from the Planning Department. To close out the permit, a re-inspection of the new planting is required.

- A copy of a tax receipt showing that taxes on the property are current (15.2-2286)

Specific Performance Requirements:

- Replacement trees must be planted at a 2 to 1 ratio (for every tree removed 2 new trees must be replanted). This ratio is 3 to 1 within the Resource Protection Area (RPA).
- New evergreen trees must have a minimum height of 6-feet at time of planting.
- New deciduous trees must have a minimum caliper of 3.5-inches at time of planting.

TOWN OF COLONIAL BEACH
 Department of Planning, Community
 Development & Property Maintenance
 905 McKinney Blvd.
 Colonial Beach VA 22443
 (804) 224-7506 or 7214
 (804) 224-1318
www.colonialbeachva.net



WOODLOT MANAGEMENT PERMIT # _____
 PLEASE FILL OUT THIS FORM COMPLETELY - IF NOT, IT WILL BE RETURNED. (Please Print)

Owner:	Name _____	Daytime Telephone No. _____
	Mailing Address _____	
	E-mail Address _____	Fax Number _____
Contractor Info:	Name _____	Business License # _____

PROPERTY INFORMATION & RATIONAL FOR REMOVAL

Address/Directions: _____ _____
Tax Map/Parcel Number: _____
Lot No: _____ Section: _____ of: _____ Subdivision _____
Zoning: _____
Trees to be removed (number, type, diameter/size & species): _____ _____ _____ _____
Why do you want to remove the tree(s)? _____ _____ _____

The undersigned attests that all of the information herein provided and specifically including any and all drawings, landscape plans, etc., required to be furnished by the applicant are true, correct, and accurate to the best of his/her knowledge. Additionally, I grant the Town staff or representatives of other government agencies permission to enter the property to inspect the proposed work and ensure all requirements/ordinances of the Town of Colonial Beach, the Commonwealth of Virginia or the federal government are found to be in compliance.

Signature: _____ Date: _____
Property Owner or Designated Agent

STAFF USE ONLY

REPLANTING SCHEDULE

Number, size and species of trees to be Re-planted:

Completion Date of Replanting: _____

Fee: \$ _____ Date Paid: _____ Check # _____ Cash

APPROVED
 DENIED; Reason _____

_____ Date _____
Zoning Administrator or Designee's Signature

Comments: _____
