



**THE TOWN OF COLONIAL BEACH, VIRGINIA
DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT**

315 Douglas Avenue, Colonial Beach VA 22443
Phone: (804) 224-7506 Fax: (804) 224-1318
www.colonialbeachva.net

WOODLOT MANAGEMENT ZONING PERMIT APPLICATION

Application Date: _____

Permit Number: _____

Deposit	Type:	Amount: \$	DH#:
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Owner Information	Name	Daytime Telephone No.	
	Mailing Address		
	E-mail Address	Fax Number	Cell Number

Builder/ Applicant	Name	Telephone No.
	<input type="checkbox"/> Same as owner Mailing Address	
	E-mail Address	Fax Number

PROPERTY INFORMATION & RATIONALE FOR REMOVAL

Address/Directions:	_____
Tax Map/Parcel ID 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)?	_____

Applicant Certification

The undersigned attests that all of the information herein provided, including any and all drawings, landscape plans, etc., required to be furnished by the applicant is 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. I understand and will comply with the replanting schedule, prescribed in this permit and in accordance with the Town of Colonial Beach Zoning Ordinance and the Chesapeake Bay Preservation Act.

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 _____

Zoning Administrator or Designee's Signature Date

Comments: _____

