

GENESEE

Architectural Review Committee

OPEN SPACE TREE REMOVAL FORM

Name: _____ Date: _____

Address: _____ Filing & Lot: _____ Phone: _____

Date of ARC Approval: _____ Date of Board Approval: _____

Estimated Date of Tree Removal on Open Space: _____

Contractor's Name and Contact: _____

Contractor's Telephone: _____

Certificate of Liability Insurance enclosed (\$1,000,000 minimum, General Aggregate)

Evidence of Worker's Compensation Insurance: _____

I agree to accept and abide by the Genesee Foundation's Tree Removal Policies and Procedures including the Policy For Tree Removal on Private Property, Procedure for Tree Removal on Private Property, Policy for Tree Removal on Open Space, Policy for Tree Removal on Open Space for Private Defensible Space Management, Procedure for Tree Removal on Open Space for Private Defensible Space Management and the ARC Standards.

Signed: _____ DATE: _____

Date Received by Foundation Office: _____

Management Approval: _____

Comments: _____

Date Completed: _____

Staff Inspection - Date and Name: _____

Comments: _____

