



Stockbridge

Massachusetts

JURISDICTIONAL TREE REMOVAL REQUEST APPLICATION

Stockbridge Conservation Commission

The purpose of this request form is to determine whether there are jurisdictional concerns.

Applicant Name: _____

Applicant Phone Number: _____ Applicant Email Address: _____

Mailing Address: _____

Physical address for which tree removal is requested: _____

Is the Applicant also the property owner? Y / N (If not provide name and contact information for owner):

Purpose and Need for Tree Removal (check any/all that apply):

Safety Aesthetics
 Forest Health Other (Explain):

Distance in feet from tree(s) to be removed to closest structure(s) / resource area(s):

House: _____ Barn or Detached Garage: _____
Shed or other Outbuilding: _____ Driveway: _____
Pool: _____ Dock: _____
River / lake / pond: _____ Other (Explain): _____

Description of Trees Proposed for Removal:

Total Number: _____

Size of each (diameter in inches at chest height): _____

Species (if known): _____ Are any of the trees dead? Y / N

Please attach representative photographs(s) of the trees proposed for removal.

Name of Person Completing this Form (if other than applicant) _____

Signature: _____ Date Form Submitted: _____

Property Owner Signature (if different from Applicant): _____

PLEASE FLAG OR MARK ALL TREES REQUESTED TO BE REMOVED.

When complete, please submit this form via regular mail or email to:

Stockbridge Conservation Commission
P.O. Box 417
50 Main Street (Town Hall)
Stockbridge, MA 01262
conservationcommission@stockbridge-ma.gov

For Conservation Commission Use Only

Date of Site Inspection: _____

Name(s) of Commission Member(s) Present: _____

Is information provided by Applicant accurate? If no, explain:

Other Observations, Findings, and Comments:

- A. _____ Conservation Commission has no jurisdictional concerns
- B. _____ Request for Determination of Applicability must be filed.
- C. _____ Notice of Intent must be filed.
- D. _____ Emergency Certification request recommended.
- E. _____ Replanting required (native species) Number of trees to be replanted _____

Forms may be found on the Mass DEP website:

<https://www.mass.gov/lists/wetlands-permitting-forms>

Signature(s): _____ Date: _____
