

Walworth County Shoreland Vegetation Removal Exemption Certificate

By signing this shoreland vegetation removal exemption form, the property owner or authorized representative of the owner is certifying that the vegetation to be removed on the site identified below will meet the exemption criteria in accordance with the Walworth County Code of Ordinances.

VEGETATION TO BE REMOVED

Type _____

Reason (please check all that apply)

- Dead*
- Dying*
- Diseased*
- Poses a safety hazard to pedestrian or vehicular traffic, buildings or structures, or threatens to cause disruption to public utility services
- Prevents access to a lot or parcel of land
- Unreasonably prevents development of a lot or parcel of land or the physical use thereof
- Damaged or weakened by age, storm, fire or other cause
- Removal is part of an ongoing planting and harvesting project

Explanation (what kind of disease/damage caused by/replacement details/etc.)

*Exempt vegetation removal shall not require vegetation replacement, but may require certification by a licensed arborist or other person qualified to diagnose vegetation health status.

Please include with this form:

- **Photo(s) of vegetation to be removed**
- **Site plan or plat of survey identifying the number and location of proposed vegetation removal & replacement (when applicable)**
- **Arborist certification (when applicable)**
- **Vegetation replacement details (when applicable)**
- **Ground Disturbance as part of project, including stump grinding- *please submit a Walworth County Erosion and Sediment Control Permit Application***

Owner's Name: _____ Tax Parcel #: _____

Site Address: _____

Mailing Address: _____

Phone Number: _____ E-mail Address: _____

I, _____ certify that I understand the criteria for exemption of Shoreland Vegetation removal and will abide by the regulations of Walworth County governing my Shoreland Vegetation removal request. Date: _____

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Department Review

Zoning: _____ Approved: _____ Denied: _____ Date: _____

Conservation: _____ Approved: _____ Denied: _____ Date: _____

Conditions: _____