



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

ZONING PERMIT APPLICATION FOR WOODLOT MANAGEMENT

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"/> | Permit Fees Due at Time of Application Submission Cash or Check made payable to "Town of Colonial Beach" | <input type="checkbox"/> |
| <input type="checkbox"/> | A Completed and Signed Woodlot Management Permit Application | <input type="checkbox"/> |
| <input type="checkbox"/> | Letter from certified arborist declaring tree to be "diseased, dead, or dying" | <input type="checkbox"/> |
| <input type="checkbox"/> | Description of trees to be removed/replanted | <input type="checkbox"/> |

In order to meet the requirements of the Chesapeake Bay Preservation Act, new native species trees must be replanted within six (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.

- Applicant may be required to submit tax receipt showing taxes on the property are current. (§ 15.2-2286)
- **TREE REMOVAL WITHOUT A PERMIT IS SUBJECT TO A FINE OF \$200 PER TREE REMOVED.**

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, within 100 feet of high water line).
- New evergreen trees must have a minimum height of 6 feet at time of planting.
- New deciduous trees must have a minimum caliper of 2.5 inches (3.5 inches in the RPA, within 100 feet of high water line) at the time of planting.



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WOODLOT MANAGEMENT ZONING PERMIT APPLICATION

Application Date: _____

Permit Number: _____

| | | | |
|---------|-------|------------|------|
| Deposit | Type: | Amount: \$ | DH#: |
|---------|-------|------------|------|

| | | | |
|--------------------------|-----------------------|------------------|-----------------------------|
| 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: _____

