WALWORTH COUNTY SHORELAND
VEGETATION APPRAISAL AND CERTIFICATION
FOR SHORELAND VEGETATION REMOVAL EXEMPTION

By signing this shoreland vegetation removal exemption form, the property owner is certifying that the vegetation to be removed on the site identified below will meet at least one of the following Exemption Criteria. Please check all that apply:

VEGETATION TO BE REMOVED. . .

- ☐ Poses a safety hazard to pedestrian or vehicular traffic or threatens to cause disruption to public utility services;
- ☐ Poses a safety hazard to buildings or structures;
- ☐ Prevents access to a lot or parcel of land;
- ☐ Unreasonably prevents development of a lot or parcel of land or the physical use thereof, provided the property owner has not failed to design and located the proposed improvements to minimize the removal of vegetation;
- ☐ The vegetation to be removed are diseased or weakened by age, storm, fire or other cause, so as to pose a danger to persons, property, improvements or other trees;
- ☐ Are being removed as part of an on going planting and harvesting project.

Walworth County reserves the right to require tree and shrub appraisal by County inspection and/or a professional forestry service/arborist prior to shoreland vegetation removal exemptions being approved. The property owner will be contacted within 14 days of County receipt of a completed exemption form, if a proposed shoreland vegetation removal project(s) require additional appraisal.

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: _____

**Attach photos and a site plan or plat of survey identifying the number and location of proposed vegetation removal.
Name:_____
Mailing address: _____
Physical address: _____
Phone number: _____ Fax number: _____
e-mail address: _____
Tax Parcel Number of subject parcel: _____
****

County Agent: ☐ APPROVED ☐DENIED

ZONING: _____DATE: _____
CONSERVATION: _____ DATE: _____
CONDITIONS: _____