

**Town of Beech Mountain
Tree Cutting Permit
(828) 387-4236**

Property Owner: _____ **Date:** _____

Address: _____

Phone Number: _____ **Email:** _____

Deed Book/Page: _____

Tree Cutter: _____

Is Tree Cutter Registered With The Town? Y ___ N ___

Describe Work: _____

Other Comments: _____

Property Owner(s) Signature

Tree Cutter Signature

This permit shall be valid for a period of ninety (90) days from the date of issue and must remain on the property at all times during any tree cutting or tree trimming.

Trees approved for cutting will be marked with _____ colored paint or marking tape by the Beech Mountain Zoning Administrator.

Date Approved: _____ **Expiration Date:** _____

Approved By: _____