

Department of Planning and Development

446 West Crogan Street • Lawrenceville, GA 30046-2440
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**APPLICATION FOR SPECIMEN TREE CRITICAL ROOT ZONE (CRZ)
 DISTURBANCE AUTHORIZATION**

Name of Development _____ **Type** _____

Location _____ **Acreage** _____

Dist., LL., Parcel No. _____ **Commission District** _____ **Zoning** _____

Developer _____ **Designer** _____

Address _____ **Address** _____

City _____ **Zip** _____ **City** _____ **Zip** _____

Phone _____ **Phone** _____

E-Mail _____ **E-Mail** _____

SPECIMEN TREE CONCEPT PLAN CASE NUMBER: STC _____

Tree ID (Number)	Diameter (Inches)	Type of Tree	Percentage of CRZ Disturbance	Disturbance allowed? (To be completed by the Director)	
				YES	NO

DEPARTMENT OF PLANNING & DEVELOPMENT

DIRECTOR _____ Authorized By _____ Date _____

Conditions: _____

- Developer to provide a certified arborist on-site to monitor specimen trees health during construction activities to include fertilization, pruning (if applicable), and any other suggested activity by the certified arborist. A report prepared by certified arborist shall be submitted to County site inspector on a monthly basis.**