HOA Tree Removal & Replacement Request Template

Copy/paste this into your Association's Architectural Request Form (ARC/ARB) or attach as a letter.

Disclaimer: This template is provided for educational purposes only. HOA requirements vary by community and municipality. Always follow your governing documents and local permit requirements. Communities usually have their own forms to fill out, but more information is always better than too little.

PROPERTY ADDRESS: *[Your Address]*

DATE OF SUBMISSION: *[MM/DD/YYYY]*

HOMEOWNER NAME(S): *[Name(s) on Title]*

PHONE / EMAIL: *[Best Contact Info]*

PROPOSED MODIFICATION

Removal of [#] [Tree Species, e.g., Live Oak] and replacement with [#] [Replacement Species, e.g., East Palatka Holly]. *Work will be completed by a licensed and insured contractor.*

REASON FOR REQUEST (CHECK ALL THAT APPLY)

☐ Infrastructure risk: The tree is planted within [#] feet of the home's foundation / driveway / sidewalk.

☐ Visible damage: Roots have begun to lift/crack the [driveway/sidewalk/pavers]. (See attached photos.)

☐ Safety hazard: The tree is leaning, diseased, dead, or otherwise poses a risk during high-wind events.

☐ Inappropriate species/location: The current species is known for aggressive root systems that are incompatible with the planting location.

☐ Other: [Write your reason here].

REPLACEMENT PLAN & HARDINESS ZONE

To maintain the community's appearance and comply with Association standards, I propose replacing the removed tree with [Replacement Species]. This species is rated for USDA Hardiness Zone [e.g., 9b/10a], which is appropriate for our local climate and soil conditions. This replacement was selected because it is Florida-friendly and has a more manageable root system that will not interfere with the home's infrastructure.

💡 ***PRO-TIP:*** *To find your specific USDA Hardiness Zone, visit the USDA website or search "Hardiness Zone + [Your City/Zip Code]". Most of Florida falls between Zones 8a and 11a.*

WORK SPECIFICATIONS

- *Contractor: [Company Name], License # [if applicable], insured (COI attached).*
- *Removal: Tree will be removed with care to avoid damage to nearby property and common areas.*
- *Stump grinding: Stump will be ground to approximately [#] inches below grade.*
- *Restoration: Area will be backfilled with clean fill dirt/topsoil and finished with matching sod or approved ground cover.*
- *Replacement planting: Replacement tree will be installed at a minimum height of [#] feet (or [#] gallon) and located approximately [#] feet from the foundation.*
- *Cleanup: All debris will be removed from the property the same day or by [date].*

ATTACHMENTS CHECKLIST

☐ Photo(s) of damage and/or proximity to foundation/driveway/sidewalk

☐ Site plan / survey / sketch showing current and proposed tree location

☐ Contractor license and Certificate of Insurance (COI)

☐ Arborist note (optional)

☐ Municipal permit or confirmation of permit requirement (if applicable)

HOMEOWNER SIGNATURE: _____

DATE: _____