

FEE: \$50.00

RECEIPT NO.



Planning Department



CITY OF TAYLOR TREE REMOVAL PERMIT APPLICATION

NAME OF APPLICANT \_\_\_\_\_ phone: \_\_\_\_\_ FAX: \_\_\_\_\_

BUSINESS (If applicable) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ phone: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PROPERTY / PROJECT LOCATION \_\_\_\_\_ ZONING \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY \_\_\_\_\_

\_\_\_\_\_ PARCEL NUMBER \_\_\_\_\_

TREE REMOVAL REQUESTED

TOTAL NUMBER OF TREES ON SITE \_\_\_\_\_

TOTAL NUMBER OF TREES PROPOSED FOR REMOVAL \_\_\_\_\_

TYPE OF TREE (SPECIES) TRUNK DIAMETER

REASON FOR REMOVAL

TYPE OF TREE (SPECIES) TRUNK DIAMETER	REASON FOR REMOVAL
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ATTACH SITE PLAN SHOWING LOCATION OF THE TREES PROPOSED TO BE REMOVED AND REPLACED. GENERAL DESCRIPTION OF AFFECTED AREA AFTER PROPOSED TREE REMOVAL \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

VALIDATION – I UNDERSTAND THAT THERE MAY BE DEED RESTRICTIONS THAT WOULD PROHIBIT THIS ACTIVITY AND WILL CHECK THE TITLE FOR ANY DEED RESTRICTIONS AND/OR COVENANTS. I HEREBY CERTIFY THAT THE WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT AND THAT WE AGREED TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION.

applicant's signature \_\_\_\_\_ date \_\_\_\_\_

printed name \_\_\_\_\_

FOR PLANNING DEPARTMENT STAFF USE ONLY

INSPECTION RESULTS

Tree Removal  APPROVED  DENIED Number of Replacement Trees Required \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

AUTHORIZED SIGNATURE