



P.O. Box 369 (Mail)
303 E. Pecan Dr. (Physical)
Johnson City, TX 78636
830.868.7111 (Phone)
830.868.7718 (Fax)

Application Date: _____

TREE REMOVAL PERMIT APPLICATION Commercial Projects

Section I. Applicant Information

Applicant Name: _____ Phone: _____

Mailing Address: _____

Property Owner of Record: _____ Phone: _____

Owner Address: _____

Section II. Location and Description

Name of Project: _____

Project Address: _____

BCAD Parcel No(s): _____

Existing Use of Property: _____

Proposed Use of Property: _____

List each tree separately (quantity, species and diameter):

Total quantity of trees to be removed: _____

Species:	Circumference at 4 ½ feet above grade
_____	_____
_____	_____
_____	_____
_____	_____

Reason for Tree Removal: _____

Section III. Notice

Attach to this application a complete tree survey that shows the location, diameter (at 4.5 feet above the grade of the soil), and name of all protected and heritage trees on the lot.

I, the undersigned owner (or authorized agent) of the property herein described, certify that the statements, drawings, and specifications herewith submitted are true and correct to the best of my knowledge and belief.

Signature of Owner/Applicant: _____

Print Name: _____

Date: _____

Office Use Only:

_____ Approval, no conditions.

_____ Approval, subject to conditions noted.

_____ Denial, reasons noted below.

City Arborist: _____ Date: _____

Permit Application Fee: \$ _____