Tree Removal & Pruning Form

The purpose of this form is to outline a request to remove or prune a Tree. A permit to remove or prune a Heritage or Protected Tree is required by UDC Section 3.23 and 3.24 in accordance with UDC Section 8.02. This form is required for any development application that proposes new residential dwelling units within the City of Georgetown or its extraterritorial jurisdiction.

General Information

Applicant’s Contact Info:
Name: ___________________________ Company: ___________________________
Phone: ___________________________ Email: ___________________________

Property Owner’s Contact Info:
Name: ___________________________ Company: ___________________________
Phone: ___________________________ Email: ___________________________

Project Information:
Name of Project: ___________________________ Related City Project/Permit No.: ___________________________
Address or General Location: ___________________________
Legal Description of Property: ___________________________

Scope of Work

Please Select One:

☐ This application is a request to remove one or more Heritage and/or Protected Trees.
  • Current photos of the subject tree(s) that clearly illustrate the conditions of the tree(s) or property that necessitate removal are included here in this application.
  • Plot Plan identifying building pad location and all Heritage Trees and Heritage Tree information (Residential Only)

☐ This application is a request to prune one or more Heritage Trees.

Please describe the reason for this request:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Please complete the following table for each tree to removed or pruned:

<table>
<thead>
<tr>
<th>Tree ID #</th>
<th>Tree Diameter</th>
<th>Tree Species</th>
<th>Removal or Prune</th>
<th>% to be Pruned</th>
<th>Tree Condition</th>
<th>Location or Lot #</th>
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Arborist Contact Information

Company to Perform Work:
Company Name: ____________________________
Name of Arborist: __________________________ ISCA Certification No. of Arborist/Company: ____________
Phone: ____________________________ Email: ____________________________

FOR INTERNAL USE ONLY

City Case No: ____________
Final Action Taken:  ☐ Approved  ☐ Approved with Mitigation  ☐ Denied  ☐ More Information Required
Date of Final Action: ____________
Landscape Planner Comments:

____________________________________________________________________________________
____________________________________________________________________________________
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