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 subject to the guidance in the note below. For more information about the Tree Removal and Pruning Application, please review the Application Checklist linked here.

Note for Residential Building Permit Applicants: Completion of this form will be required for any lot, tract, or property on which a residential building permit is being sought, unless:
1. The outer edge of any structure being proposed in the permit is greater than 12’ from the outer edge of the dripline of a Heritage Tree or a tree used for credit towards tree removal mitigation during the development process (see relevant development permit documents).
2. Photographic evidence of the installation of tree protection fencing compliant with the City of Georgetown regulations is provided to the building permit.

If one or more of the above conditions are met, and no pruning is proposed, then this form is not required. The above conditions do not apply to the removal of trees from the lot. All removals will require an approved permit prior to the removal of the tree.

**General Information**

**Arborist’s Contact Info:**
Name: __________________________ Company: __________________________
Phone: __________________________ Email: __________________________

**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: __________________________
Please Select One:

☐ This application is a request to remove one or more Heritage and/or Protected Trees. Include the following:
  • Current photos of the subject tree(s) that clearly illustrate the conditions of the tree(s) or property that necessitate removal are included herein this application.
  • Plot Plan and Plat identifying building pad location and all Heritage Trees and Heritage Tree information (Residential Only). Include tree tag number(s), half Critical Root Zone, and percentage of Critical Root Zone that is being impacted by application request.

☐ This application is a request to prune one or more Heritage Trees. Include the following:
  • Plot Plan and Plat identifying building pad location and all Heritage Trees and Heritage Tree information (Residential Only). Include tree tag number(s), half Critical Root Zone, and percentage of Critical Root Zone that is being impacted by application request.
  • For pruning applications, provide notated photos that show where the pruning cut marks will be.

Please describe the reason for this request:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Tree Tag #</th>
<th>Tree Diameter (DBH)</th>
<th>Tree Species</th>
<th>Removal or Prune</th>
<th>% to be Pruned</th>
<th>Tree Condition (Good, Fair, Poor)</th>
<th>Location or Plat Document #</th>
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</table>

Arborist Contact Information

Company to Perform Work: ____________________________

Company Name: ____________________________
Name of Arborist: ____________________________________________________________

ISCA Certification No. of Arborist/Company: ______________________________________

Phone: __________________________ Email: ________________________________________

Arborist Digital Signature: ________________________________