



Fee: No Charge

PROTECTED TREE REMOVAL PERMIT

Include an 8 ½" x 11" copy of the approved Tree Conservation Plan (TCP) for the property.

Name of Applicant: _____ Date: _____

Applicant Address _____ City _____ State _____ Zip _____

Name of Property Owner: _____

Property Information

Location Address _____ Subdivision Name _____

Label = Identification of Protected Tree(s) to be removed as identified on the approved TPC:

Label: _____ Diameter at Breast Height (DBH): _____ Species: _____

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Additional list of Protected Trees Attached: **Yes** or **No**

TCP Approval Date by P&Z: _____

Is the property within the Historic Preservation Overlay (HPO): **Yes** or **No**

I hereby certify that the foregoing is correct and that said work will be done in compliance with the information herein set forth and in compliance with Article 13 of the City of Granbury Zoning Ordinance regulating tree removal. I hereby certify the permit and the Tree Conservation Plan (TCP) will be on-site for the contractors and inspectors review.

Signature of Applicant	Date	Signature of Property Owner	Date
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Approved By _____ Signature _____ Date _____

An approved Protected Tree Removal Permit shall be valid for 30 days from the date of approval, after which, such permit shall be deemed null and void. A Protected Tree shall not be removed or relocated without an approved and active Protected Tree Removal Permit.