



TREE REMOVAL APPLICATION

Planning and Development Department

Date Submitted: _____

Permit #: _____

Property Information

Project Address: _____

Tenant/Owner: _____ Building: _____ Suite: _____

Subdivision Name: _____ Lot(s): _____ Block(s): _____

Landowner Information

Contact: _____

Address: _____

City, State, ZIP: _____

Contractor Information

Company: _____

Contact: _____

Address: _____

City, State, ZIP: _____

Office Phone: _____

Email: _____ Mobile Phone: _____

Project Information

Total Caliper Inches to be Removed: _____

Total Number of Trees to be Removed: _____

Reason for Removal of Trees (be as detailed as possible – trees are dead, trees are nuisance, trees destroying foundation, etc....)

1500 Solana Blvd, Bldg. 7, Ste 7200 | Westlake, TX 76262 | 817.430.0941 | www.westlake-tx.org

Email: building@westlake-tx.org



TREE REMOVAL APPLICATION

Planning and Development Department

List all species of trees to be removed:

COMMON NAME	SCIENTIFIC NAME

Designation of Agent

I hereby authorize the person designated below, to act in the capacity as my agent for the application, processing, and the representation of this request. The designated agent shall be the principal contact person with the Town of Westlake (and vice versa) in processing and responding to requirements, information requests or other issues relative to this request.

PROPERTY OWNER

Printed Name:

Signature:

Date:

CONTRACTOR OR DESIGNATED AGENT

Printed Name:

Signature:

Date:
