



**APPLICATION FOR A TREE REMOVAL PERMIT**

**Single Family Resident Only**

*(Please print clearly)*

City of Colleyville  
100 Main Street  
Colleyville, TX 76034  
Phone 817.503.1030  
Fax 817.503.1039

**Part 1. Property information**

Street Address:	Legal Description:
Proposed Beginning Date of Work:	Proposed End Date:

**Part 2. Description of Tree Removal Request**

Describe the reason for this request (Building Permit, Diseased or Damaged Tree, General Clearing, etc.)

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**Part 3. Contact Information**

**Part 4. Property Owner Authorization**

Name of contact person:	Name of property owner:
Contact phone number:	Property owner phone number:
Contact E-Mail address:	Property owner address:
Signature of contact person:	Signature of property owner or provide letter of authorization:

**NOTE:** Additional information, including payment of a fee, may be required depending on the size of the property and amount of protected trees to be removed.

**Part 5. Permit Fee**

No permit fee is required for a single family resident unless determined otherwise by the administrative official based on Section 5.7(B)1 of the Land Development Code.

**Part 6. For Office Use Only**

Reviewed by:  _____ Community Development	Permit Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Comments & Special Conditions:**

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