



**Building, Planning & Development Department**  
**CARY MORAN – CITY URBAN FORESTER**  
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## **Tree Disposition Plan** **TREE REMOVAL PERMIT**

Date: \_\_\_\_\_

Project Address: \_\_\_\_\_

SQ FT of Property: \_\_\_\_\_ RMD Required: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### **Please Complete the Following Information**

Type of Tree(s) & DBH Size(s): \_\_\_\_\_

\_\_\_\_\_

Reason for Tree(s) Removal:  Diseased  Dying  Dead  Hazard  Other

If Other, Please Specify: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Permit Fee (if applicable): Yes (\$100) \_\_\_\_\_ No \_\_\_\_\_

Replacement Tree(s) Required: Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_