

**CITY OF PINEY POINT VILLAGE
TREE REMOVAL PERMIT**

Date: _____

Project Address: _____

SQ FT of Property: _____ RMD required: _____

Owner: _____

Phone: _____ E-mail _____

Contractor Name: _____

Phone: _____ E-mail _____

Please Complete the Following Information:

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

If no, then state the reason for having tree removed: _____

Type of Tree(s) & DBH size(s) _____

Signature _____ Date _____

Name (print) _____

Inspection Date: _____ Permit Fee: Yes \$100 No _____

Replacement Tree(s) required: Yes No _____

Number of Replacement Trees: _____

Comments _____

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E-mail : cary@pineypt.org Telephone 713-782-0271 Fax Number: 713-782-3178