City of Leander Planning Department
104 North Brushy Street
PO Box 319
Leander, Texas 78646-0319
Fax (512) 528-2729
www.leandertx.gov

Project Name: _____

Submittal Date: _____

File #: _____
(City will assign)

SIGNIFICANT TREE REMOVAL REQUEST

APPLICATION & CHECKLIST

An appointment is required to submit a significant tree removal request. Please contact the Planning Department at (512) 528-2750 to schedule an appointment.

INSTRUCTIONS

- Fill out the following application and checklist completely prior to submission.
- Use the most current application from the City's website (www.leandertx.gov) or at city hall.
- City ordinances can be obtained at our website or City Hall.
- This application applies to the removal of trees associated with non-residential projects that are eighteen (18") inches in caliper and greater in size and are hardwood trees.

REASON FOR TREE REMOVAL (if due to poor health, provide a letter from an arborist)

_____

_____

_____

REQUIRED ITEMS FOR SUBMITTAL PACKAGE:

___ 1. Completed and signed application/checklist.

___ 2. Letter of intent describing the proposed appeal and stating the reasons and justification for the request.

___ 3. Map/survey of the subject property identifying the tree proposed for removal.

___ 4. Provide photographs of tree(s) in question.

___ 5. Submit a tree mitigation plan for the project.

___ 6. Is a proposed alternative tree preservation plan provided for staff review? ❑ Yes ❑ No

___ 7. Are you requesting to bypass the alternative tree preservation plan process and present request to the Planning & Zoning Commission? ❑ Yes ❑ No

___ 8. Accompanied by:

- ❑ Site Development Permit Application
- ❑ Grading Permit Application
- ❑ Other, please specify _____

___ 9. Filing Fee (calculation listed below)

Revised 11/24/2014

FILING FEE CALCULATION:

Removal of first tree:	$ 250.00
Fee for each additional tree (per tree):	$ 100.00
TOTAL FEE (due at the time of application submission)	**$**_____

PROPERTY INFORMATION:

Property Address: _____ Property Acreage: _____

Legal Description: _____ County Short ID#: _____

APPLICANT INFORMATION:

Please Note: The signature of owner authorizes City of Leander staff to visit and inspect the property for which this application is being submitted. The signature also indicates that the applicant or his agent has reviewed the requirements of this checklist and all items on this checklist have been addressed and complied with.

The agent is the official contact person for this project and the single point of contact. All correspondence and communication will be conducted with the agent. If no agent is listed, the owner will be considered the agent.

(Check One):

____ *I, the owner, will represent this application with the City of Leander.*

____ *I, the owner, hereby authorize the person named below to act as my agent in processing this application with the City of Leander.*

OWNERSHIP INFORMATION:

Property Owner:_____ Phone:_____ Fax:_____

(If property ownership is in the name of a partnership, corporation, joint venture, trust or other entity, please list the official name of the entity and the name of the managing partner.

Address: _____ City:_____ State:_____ Zip:_____

Email:_____ Mobile:_____ Pager:_____

I hereby request that my property, as described above, be considered for this application and I give City Staff and elected or appointed representative's permission to visit the site described in this application:

Owner's Signature: _____ **Date:** _____

AGENT INFORMATION:

If an agent is representing the owner of the property, please complete the following information:

Project Agent: _____ Phone:_____ Fax:_____

Address: _____ City:_____ State:_____ Zip:_____

Email:_____ Mobile:_____ Pager:_____

I hereby authorize the person named above to act as my agent in processing this application:

Owner's Signature: _____ **Date:** _____

I hereby attest that I prepared this application / checklist and that all information shown hereon is correct and complete to the best of my knowledge.

_____	_____	_____
Signature	*Name (printed)*	*Date*

Do Not Write Below – Staff Use Only

Accepted for Processing by:_____ Date:_____