

City of Lancaster
TREE REMOVAL PERMIT
www.lancaster-tx.com

Date Permit Issued: _____

Job Address: _____

Owner		
Property Owner Name: _____	Telephone #: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____

OFFICIAL USE		
Subdivision: _____	Block: _____	Lot: _____

Contractor		
Contractor Name: _____	Telephone #: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____

The undersigned hereby declares that the above statements are true facts concerning the design and removal of the tree (s) for which permit is made, and that he or she is owner of said property or has been authorized to act as his or their agent in procuring the permit herein requested.

Applicant (print name): _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Signature

Planning Department Representative

THIS PERMIT MUST BE VISIBLE FROM THE STREET