



**City of McAllen
Planning Department**

Phone: 956.681.1250 Fax: 956.681.1279
Email: planning@mcallen.net

Tree Removal Application

.....
Address of Tree Removal: _____

Applicant: _____ Phone: _____

Mailing Address: _____

Property Owner: _____ Phone: _____

Reason for Removal: _____

I agree to comply with the City of McAllen Ordinance 110-55 regarding tree removal. I grant permission to the City of McAllen for employees to enter the above referenced property to inspect the trees requested for removal and investigate any tree that may appear to have been already unlawfully removed.

Property Owner Signature
(required)

Applicant Signature
(if different than owner)

The following documentation must be submitted along with this application:

- Photographs of the tree(s) to be removed
- Dimensioned site plan including:
 - North Arrow
 - Property Lines
 - Street Name
 - Sidewalks
 - Structures
 - Regulated buffer zone or required landscaped area
 - Location, Diameter & Type of Trees
 - Mark trees to be removed with a dark "X"
 - Existing trees to remain
 - Proposed replacement trees
- All trees, proposed to be removed, must be clearly marked with a ribbon, paint or sign to enable the City of McAllen to clearly identify which trees are proposed to be removed.

***Building Permits will not be issued prior to tree removal inspection & approval**

Site Plan is required as part of the tree cutting application. The site plan must be drawn roughly to scale on 8.5 x 11 size paper. See example below:

.....

This section to be completed by City Staff:

Zoning District _____ Subdivision _____

Department (initial)	Date	Comments
Planning _____	_____	_____ _____
Parks _____	_____	_____ _____
Other _____	_____	_____ _____
Other _____	_____	_____ _____