Protected Tree Removal Application
(In accordance with the Cedar Park Landscape and Tree Ordinance Chapter 14 Section 14.07.017)

Date of Application:______________________  
Address of Property:___________________________________________________________________  
Name of Applicant:____________________________________________________________________  
Name of Owner:______________________________________________________________________  
Contact Telephone Number:______________________________    Fax:_________________________

☐ Diameter of Trunk/ ☐ Total Diameter Multi-trunk/ or ☐ Total Diameter of Cluster (measured 4.5’ from ground): ________________  inches.  
General Condition:____________________________________________________________________  
Reason for Requesting Removal:_________________________________________________________  
____________________________________________________________________________________

To accompany your request, please provide a photograph of the tree, if possible, and provide a sketch showing the exact location of tree on the property on the reverse side of this form or on a separate sheet of paper.

Applicant’s Signature __________________________  Date ________________  
Action on Request: □ Approved □ Denied  
City Staff Comments:_______________________________________________________________  
____________________________________________________________________________________  
Conditions of Approval:*_______________________________________________________________  
____________________________________________________________________________________  

*Signature of Applicant __________________________  Date ________________  Signature of City Staff __________________________  Date ________________

City of Cedar Park – Parks & Recreation, 1435 Main Street, Cedar Park, Texas 78613  
Phone: 512-401-5504    Fax: 512-260-1661