



**APPLICATION FOR DESIGN REVIEW
REMOVAL OF DEAD OR DISEASED TREE**

This application is for removal of dead or diseased trees only. A separate application is required to request tree removal/replacement. This form must be signed by a Design Review Committee member who has inspected the tree(s).

Fee: Waived for dead tree(s)

_____ Single Family _____ Duplex _____ Multi-Family _____ Commercial

Description of the Request: _____

Tree Species (removal): _____ Number of trees: _____

Tree Species (removal): _____ Number of trees: _____

Mountain Pine Beetle Infestation? ____ Yes ____ No

Comments: _____

Physical Address: _____

Property Owner: _____

Mailing Address: _____

_____ Phone: _____

Owner's Signature: _____

Primary Contact/ Owner Representative: _____

Mailing Address: _____

_____ Phone: _____

E-Mail: _____ Fax: _____

Application Date: _____

Mitigation Plan Submittal Date: _____

Estimated Date of Completion: _____

For Office Use Only:

DRC Authorized Signature: _____

Location of the Property - Lot: _____ Block: _____

Subdivision: _____



Application for Design Review Tree Removal

General Information: This application is to request tree removal in Eagle-Vail. As part of this application, the property Owner may be required to replace trees that are removed. If required to replace, applicants must replant trees by November 1st of the following year from the date of approval. Please be prepared to provide a tree replacement plan.

Fee: \$50 for live tree(s) / \$0 for dead tree(s)

_____ Single Family _____ Duplex _____ Multi-Family _____ Commercial

Description of the Request: _____

Tree Species (removal): _____ Number of trees: _____

Tree Species (removal): _____ Number of trees: _____

Comments: _____

Tree Species (replacement): _____ Number of trees: _____

Comments: _____

Physical Address: _____

Property Owner: _____

Mailing Address: _____

_____ Phone: _____

Owner's Signature: _____

Primary Contact/ Owner Representative: _____

Mailing Address: _____

_____ Phone: _____

E-Mail: _____ Fax: _____

For Office Use Only:

Fee Paid: _____ Received From: _____

Meeting Date: _____ DRC No.: _____

Location of the Proposal: Lot: _____ Block: _____ Subdivision: _____