



City of Castroville
 Community Development Department
 703 Paris Street
 Castroville, TX 78009

TREE AFFIDAVIT APPLICATION

(No Protected Trees to be Harmed or Removed)

(Office Use Only)

Inspector's initials: _____ Date: _____ Pass Fail Comments: _____
 Reviewer's initials: _____ Date: _____ Approved Denied Comments: _____

Applicant Information

Applicant Name: _____ Company Name: _____
 Phone #: _____ Fax#: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____

Owner's information (if different than applicant)

Name: _____ Phone: _____ Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____

Project Information

Project Name: _____ Unit: _____ Plat: _____
 Project Address/Location: _____ Outside City Limits: __ Yes __ No
 Project Type: Residential # _____ lots Non-Residential # _____ acres Public Funds: __ Yes __ No
 Class of Work: Site Work Platting New Structure Addition(≥2500 ft²)
 Parcel Number: (www.medinacad.org) _____

Please mark the appropriate box for review (ONLY MARK ONE BOX):

1. Site has no Protected Trees (Significant Trees, Heritage Trees, Floodplain Trees, or Legacy Trees) as defined in the City Code, Chapter 99 (**Aerial photo required**); or
2. Site has Protected Trees, but this work will in no way cause damage to or the destruction of said trees; I understand such is a direct violation of the provisions of City Code, Chapter 99 (**Aerial photo or Tree Survey required and site plan showing limits of construction/ building footprint, if available**).

Affidavit

I, _____ (agent/owner), certify that I am aware of Chapter 99 of the City of Castroville's Code of Ordinances and all related regulations regarding Tree Preservation and agree to adhere to the requirements including any additional fees determined to be owed to complete this permit.

State of Texas)
)
 County of Medina)

Signature

Before me, the undersigned authority on this day personally appeared _____ known to me to be the person whose name is signed to the foregoing affidavit and sworn by me, state under oath that all of the facts therein set forth are true and correct.

Sworn to before me, this _____ day of _____, 20____. _____
 Notary Public in and for the State of Texas