City of Lago Vista
Tree Mitigation Agreement

Lago Vista Code of Ordinances

Address: _____ Date: _____

Builder Name: _____

Representative: _____ Title: _____

Email: _____ Phone: _____

☐ I understand I am obligated to replant as many replacement trees on the above property as possible while maintain a healthy native environment. I (or our professional representative) have read and understand the Texas Tree Care Kit published by Texas A&M and The Native Tree Growing Guide for Central Texas

☐ I Understand receiving my Certificate of Occupancy is based on the completion of both my tree mitigation responsibilities as well as the landscaping responsibilities.

☐ I Understand I will not have my permit issued till all financial mitigation fees are paid.

Space below may be used to show location of replacement trees on site. List species and size.

Total inches to be replaced: _____

Total financial mitigation fee to be applied: _____

Print Name	Sign Name	Date