



APPLICATION NUMBER

TREE REMOVAL PERMIT APPLICATION FOR

ENTER ADDRESS FOR PROPERTY ON WHICH TREE IS LOCATED.

APPLICANT AND CONTACT INFORMATION

Owner Information:

Name _____

Address _____

Phone No. _____

Fax No./E-mail address _____

Authorized Agent:

Name _____

Address _____

Phone No. _____

Fax No./E-mail address _____

TREE REMOVAL/RELOCATION INFORMATION

Location (on the property – eg. front yard, rear yard, NE corner) & number of trees

Legal description of the property _____

Existing use of property _____

Proposed use of property, reason for tree removal/relocation _____

Proposed Starting Date: _____ Proposed Completion Date: _____

Tree replacement or relocation must be completed within six months of the issuance of this permit.

ATTACH THESE DOCUMENTS TO THIS APPLICATION

FOR SINGLE FAMILY RESIDENTIAL PROPERTIES:

- 1. A copy of the survey
- 2. A sketch of the property or aerial photograph of the property showing the size and location of the site where the permitted activities are to be conducted.

FOR COMMERCIAL AND MULTI- FAMILY RESIDENTIAL PROPERTIES:

- 1. A copy of the survey
- 2. A brief description of the work to be performed, including a drawing of the proposed work or a certified site plan, as determined by the City, showing the location of all existing or proposed buildings, structures and site uses.
- 3. For development on undeveloped property or for redevelopment of property, a certified tree survey and site plan of identical scales designating those trees which are proposed to be preserved, relocated, or removed is required. All tree surveys or site plans must be prepared by person(s) qualified to do so under the Laws of Florida.
- 4. A detailed list indicating the common name, the botanical name (genus and species) and caliper (diameter breast height) of each tree proposed to be removed or relocated.

AFFIDAVIT

I _____ DO HEREBY SWEAR OR AFFIRM THAT
Print your name

ALL THE INFORMATION CONTAINED IN THIS APPLICATION AND ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Sign your name Date

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY
OF _____, 20____, BY _____, WHO IS PERSONALLY
KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION AND WHO DID TAKE
AN OATH.

NOTARY PUBLIC.

SIGN: _____

PRINT: _____

MY COMMISSION EXPIRES:

- DENIED
- APPROVED WITH MITIGATION SEE ATTACHED PERMIT
- AUTHORIZATION ISSUED NUISANCE TREE NON-SPECIMEN TREE

FEE: _____

PLANNING AND ZONING _____ DATE _____