



# TREE REMOVAL/SITE CLEARING APPLICATION

**JOB ADDRESS:** \_\_\_\_\_ **PERMIT #** \_\_\_\_\_

A survey or drawing showing the location and identification by common name and Diameter at Breast Height (DBH) of protected trees to be removed, relocated, and/or retained shall be submitted with this application.

## TYPE OF WORK:

- Site Clearing for new development, additions, screen rooms, accessory structure, driveway, etc.**
  - The property has no protected trees
  - The property contains protected trees, but none are proposed to be removed as part of the improvement, construction, paving or surfacing
  - The property contains protected trees. (Attach Tree Survey, showing proposed improvements and protected trees to be removed, relocated, and /or retained)
- Tree Removal**
  - The tree is diseased, damaged, dangerous and/or hazardous and need to be removed; and/or
  - Tree is an exempt species

**Number of trees** \_\_\_\_\_ **Common species name (if known):** \_\_\_\_\_

**TREE LOCATION:**       Private Property       Public Property (Right-of-Way)

Approximate Location on Property \_\_\_\_\_

**\*\*\*TREE(S) MUST BE CLEARLY IDENTIFIED AND MARKED WITH FLAGGING TAPE\*\*\***

Permits become void if work is not completed during six month period. I hereby certify that I have read this application and know the same to be true and correct. All provisions of laws and ordinances governing this work will be complied with whether specified or not. The permit does not give authority to violate the provisions of any other state or local law regulation construction or the performance of construction.

### Property Owner Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Owner Signature \_\_\_\_\_

Print Name \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Acknowledged before me by means of  physical presence or  
 online notarization by \_\_\_\_\_, who is  
 personally known to me or produced \_\_\_\_\_  
 as identification, this \_\_\_\_\_ day of \_\_\_\_\_, 20

Notary Public Signature, State of Florida  
(Affix Notary Seal Below)

\_\_\_\_\_  
(Print or Type Commissioned Name Above)

### Contractor Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Contractor Signature \_\_\_\_\_

Print Name \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Acknowledged before me by means of  physical presence or  
 online notarization by \_\_\_\_\_, who is  
 personally known to me or produced \_\_\_\_\_  
 as identification, this \_\_\_\_\_ day of \_\_\_\_\_, 20

Notary Public Signature, State of Florida  
(Affix Notary Seal Below)

\_\_\_\_\_  
(Print or Type Commissioned Name Above)

## DO NOT WRITE BELOW THIS LINE: OFFICE USE ONLY

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Reviewer Initials/Date \_\_\_\_\_

Tree Protection Regulations Apply      Inches Saved \_\_\_\_\_      Inches Removed \_\_\_\_\_

Comments: \_\_\_\_\_