

OFFICE USE ONLY

REC'D: _____ BY: _____

APPLICATION #: _____

PLANNING/STREETS

APPROVED BY: _____ DATE: _____

PERMIT #: _____



PERMITS
Tree
Removal

USE THIS FORM TO: Apply to remove a dead, dying, or diseased tree or a tree that is causing property damage. Trees to be removed as part of a construction project are included on the general building permit application.

FEES: There is no fee.

IMPORTANT NOTES: All healthy, non-invasive trees measuring five (5) inches or greater in diameter at breast height (DBH) are protected trees within the City. Removal should only be considered when no alternatives exist to retain the tree. Permits are issued for tree removal when the tree is dying, diseased, or hazardous to property. If you are not sure if your proposed tree removal fits into one of these categories, please ask staff, who may suggest measures to help preserve the tree or recommend evaluation by a Certified Arborist. Please allow 2-3 business days to process your application. You'll be contacted when your permit is ready for pickup.

KEY CONTACTS: The Planning Department will guide your application through appropriate reviews with other departments.

Property Owner: _____

Address: _____

Telephone: _____ **Email:** _____

Contractor: _____ **Telephone:** _____

Address: _____

Tree(s) Location on Property: _____

Reason for Tree(s) Removal: _____

Species: _____

DBH: _____ **Stems:** _____ **Grow Space Size:** _____

Height Class (select one): 6-10' 10-15' 15-25' 25-50' >50'

Crown Spread (select one): 6-10' 10-15' 15-25' 25-50' 35-50' >50'

Age: Young Mature

Please include the following information:

- Photographs
- Property Legal Description
- Tree Survey Showing Locations of Trees
- ISA Hazard Evaluation Form (if required)

The undersigned states the above information is true and correct as (s)he is informed and believes.

Date Signature of Applicant

STATE OF FLORIDA }
 ss }
 COUNTY OF NASSAU }

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public: Signature Printed Name My Commission Expires

Personally Known _____ OR Produced Identification _____ ID Produced: _____

STAFF USE - FOR REMOVAL OR MAINTENANCE OF PUBLIC TREES ONLY

DATE: _____ TREE NUMBER: _____

SPECIES: _____

ADDRESS: _____ OR

GENERAL LOCATION (ROW, PARK, CEMETERY): _____

ACTION TAKEN: _____

NOTES: _____

DIGITAL PHOTOGRAPH PROVIDED: YES NO

EMPLOYEE +
DEPARTMENT: _____