



TREE REMOVAL/SITE CLEARING APPLICATION

JOB ADDRESS: _____ PERMIT # _____

INSPECTION REQUEST LINE (904)247-6107

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 trees marked accordingly).

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*****

Permit becomes 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 Owners Name _____ Phone _____

Signature of Property Owner: _____

(Affix Notary Seal Below)

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20__

Signature of Notary Public _____

Notary Name: _____ Personally Known /Identification: _____

Name of Company _____ Qualifier _____

Address: _____ City _____ State _____ Zip _____ Phone _____

Signature of Contractor: _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20__

Signature of Notary Public _____

Notary Name: _____ Personally Known /Identification: _____

(Affix Notary Seal Above)

DO NOT WRITE BELOW THIS LINE: OFFICE USE ONLY

Approved _____ Disapproved _____ Reviewer Initials/Date _____

Tree Protection Regulations Apply Inches Saved _____ Inches Removed _____

Comments: _____