



**COMMERCIAL TREE REMOVAL PERMIT**  
**Planning & Development Services Department**

<b>OFFICE USE ONLY</b>	
Petition No. _____	Fee: \$ _____
Hearing Date: _____	EZ Fee: \$ _____
Tax Map No. _____	Receipt No. _____
Account No. 001-660-6680-3401 [ ]	
Account No. 001-660-6680-1124 (Enterprise Zone) [ ]	
Account No. 001-660-6680-1125 (Enterprise Zone Credit) [ ]	

[ ] Less than 5 Acres                      [ ] Greater than 5 Acres

Name of Applicant/Agent (Please print or type)	
Applicant/Agent Name:	
Applicant/Agent Address:	
City:	
State:	Zip:
Applicant/Agent Phone:	Applicant/Agent Fax:
Signature of Owner:	

INFORMATION ON PROPERTY WHERE TREES WILL BE REMOVED
Location address:
Tax Parcel No(s):
Legal Description:
State purpose for which permit is being requested:
What is the anticipated date for developing the property?

**Certified Cashier's Receipt:**

Application—Tree Removal

I hereby attest to the fact that the above supplied parcel number(s) and legal description(s) is/are the true and proper identification of the area for which the permit is being requested.

*Signature of applicant/agent:* \_\_\_\_\_

*Date:* \_\_\_\_\_

Size of property: \_\_\_\_\_ acres  
(NOTE: Parcels greater than 5 acres require City Commission approval.)

EXPLANATION

1. Briefly explain the nature of the request:
2. Suitability of the trees for harvesting:
3. Harvesting methods to be used:
4. Sedimentation control measures to be used:
5. Protection measures for remaining trees on property:
6. Species of trees to be used for replacement:

For removal of individual trees, please call the City Arborist at (352) 334-2171.