



Land Use & Environmental Services Division (850) 891-7100
 Location: 435 N. Macomb Street
 Mail: 300 S. Adams Street, Box B-28, Tallahassee, Florida 32301-1731
 Fax: (850) 891-7184 Florida Relay Service TDD: 711

TREE REMOVAL PERMIT APPLICATION

Property Owner's Information:

Name: _____

Mail Address: _____

_____ City State Zip

Telephone #: _____ Fax #: _____

E-Mail Address: _____

Agent's Information:

Name: _____

Mail Address: _____

_____ City State Zip

Telephone #: _____ Fax #: _____

E-Mail Address: _____

Project Information:

Parcel I.D.#: _____

Site Address or Location: _____

LUCC # (s): _____

Project Type: _____ (1=Single-Family, 2=Multi-Family, 3=Commercial, 4=Industrial)

Tree Removal Type: _____ (1=Patriarch or exceptional specimen over 36" DBH,
 2=Canopy Road (within 100 feet of center line),
 3=Wetland tree(s) of any size, or
 4=Tree(s) over 18" diameter or 4" in lot perimeter zone)

Compensation Type: _____ (1=Fee-in-Lieu-Of, 2=Tree Replanting*, or 3=Trees Preserved on Site)
***If Compensation Type is 2-Tree Replanting, then size, quantity, species type, and location of tree(s) to be replanted shall be shown on the site map.**

Is this application being submitted as a response to enforcement action relating to development activities without a permit?

____ Yes ____ No If yes, attach the "Notice of Violation"

Quantity of Trees being removed: _____ (**must not exceed 10**)

Description and diameter of tree(s) being removed and reason(s) for each removal:

ACKNOWLEDGEMENT: I certify that all the foregoing information is accurate and that all work will be done in compliance with the all applicable laws, construction and zoning.

 Signature of Owner Date

Submittal Requirements:

- ____ Completed Application Form (*original*)
- ____ Completed & Notarized Owners Affidavit (*original*)
- ____ Location map with major cross streets and the exact location of trees on site.
- ____ Color documents should also be submitted in electronic form in one of the following formats: .tif, .pdf, .jpeg; or .bmp.
- ____ \$273.00 Application Fee. Make check payable to City of Tallahassee.

Official actions relating to this permit will be directed to the applicant and the applicant's designated agent, if any. All applications must be accompanied by sufficient documentation to facilitate determination of whether the proposed development activity conforms with the City of Tallahassee Land Development Code.

TO BE COMPLETED BY REVIEWER

Reviewer's Notes:

Required Compensation for Removal:

Special Conditions:

Special Conditions apply to the Permit:

Permit Is: Approved Denied

Reviewer's Signature

Date