

Tree Removal Application

Date: _____
 Permit #: _____
 Cash: _____ Check #: _____
 Receipt #: _____

Tax Parcel No.: _____
Address of Job: _____
Subdivision Name: _____
Reason(s) for Tree Removal Request: New Construction Dead/Dying Causing Damage Hazardous
 Other _____ **Tree Species:** _____

Owner: _____
 Mailing Address: _____
 City / State: _____ Zip: _____ Phone: _____
Contractor: _____
 Mailing Address: _____
 City / State: _____ Zip: _____ Phone: _____
 Dunedin Reg. #: _____ Fax: _____

| | |
|---|---|
| Indicate the approximate location of each tree that you are requesting to be removed by designating their location(s) with an "X" in the sample diagram to the right. |  |
|---|---|

This application becomes a permit only upon approval. This permit expires six (6) months from the date of approval. Any tree removal prior to the approval of this permit subjects the owner/contractor to a violation notice, citation and/or fine. I will abide by the above stipulation regarding approval. If tree removal will impact a roadway, Owner/Contractor must also file a [Road Closure Notification](#) with Engineering.

Signature of Owner/Contractor **Date**

For New Construction Only: Number of trees that are requested to be removed _____. Attach a plot plan/tree survey. The building permit will not be issued until trees that are to be saved are properly barricaded and inspection made. It is the contractor's responsibility to request the inspection. Tree permit approval is based upon receiving approval and issuance of the building permit.

FOR OFFICE USE

Inspector's Comments: _____

Required replacement trees or other mitigation: _____

Replacement tree(s) shall meet these minimum requirements: 2" trunk caliper, 8' height & Florida #1 grade. Must plant replacement trees by: _____

Approved Denied Date: _____ Inspector: _____