



**SITE WORK – TREE REMOVAL PERMIT APPLICATION**

Application must be typed or printed legibly in ink. Complete all relevant fields. Companion Building Permit Number (B) \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>	REAL ESTATE NUMBER _____ DATE ISSUED ____/____/____
	STREET NUMBER _____ STREET NAME _____
	TYPE _____ DIRECTION _____ UNIT/SUITE _____ ZONING _____ ZONING APPROVAL _____
	ZONING NOTES _____
	INSPECTION AREA _____ FINAL APPROVAL _____ FEE \$ _____
NOTICE OF COMMENCEMENT REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PROJECT IDENTIFICATION	PROPERTY OWNERSHIP DETAILS
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PROJECT CONTACT _____ PROJECT CONTACT PHONE (____) _____ - _____	TYPE: INDIVIDUAL <input type="checkbox"/> GOVERNMENT AGENCY <input type="checkbox"/> BUSINESS <input type="checkbox"/> FULL LEGAL NAME, AGENCY, OR BUSINESS _____  MAILING ADDRESS _____  OWNER CONTACT PHONE (____) _____ - _____ OWNER E-MAIL ADDRESS _____
<b>BRIEF DESCRIPTION OF WORK</b>	
_____ _____ _____	

<b>SITE PERMIT ADDRESS</b> (This is the physical address of the actual work location.)
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STREET NUMBER _____ STREET NAME _____ TYPE (Ave/Blvd/Court/Road) _____ DIRECTION _____
UNIT/SUITE _____ ZIP CODE _____ INTERSECTING STREETS _____ AND _____
LOT NO. _____ BLOCK _____ SUBDIVISION _____ CITY DEVELOPMENT NUMBER _____

LANDSCAPE ARCHITECT / ENGINEER / CONTRACTOR	FEE SIMPLE TITLEHOLDER (IF OTHER THAN OWNER)
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COMPANY NAME	NAME		
NAME	ADDRESS		
LICENSE NO.			
CITY ID NO.			
	<b>NATURE OF WORK</b>	<b>PAYMENT</b>	<b>JOB COST</b>
ADDRESS	Check all that apply.	Check one.	
PHONE _____ FAX _____	<input type="checkbox"/> Borrow Pit <input type="checkbox"/> Horizontal Development <input type="checkbox"/> Pine Harvest <input type="checkbox"/> Pond	<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Escrow Account <input type="checkbox"/> Exempt	\$ _____
E-MAIL ADDRESS	<input type="checkbox"/> Other _____ <input type="checkbox"/> Site Clearing <input type="checkbox"/> Tree Removal <input type="checkbox"/> Under Brush		

<b>PROPOSED USE</b>	<b>AREA</b>	<b>OFFICIAL USE ONLY</b>
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RESIDENTIAL	NON-RESIDENTIAL		REQUIRED INSPECTIONS	TREE MITIGATION <small>(Caliper Inches Required)</small>	TYPE OF PLANS
<input type="checkbox"/> Agriculture <input type="checkbox"/> Apartments <input type="checkbox"/> Condominiums <input type="checkbox"/> Duplex <input type="checkbox"/> Other _____ <input type="checkbox"/> Single Family <input type="checkbox"/> 3 or 4 Families <input type="checkbox"/> Single Family Subdivision <input type="checkbox"/> Townhouses	<input type="checkbox"/> Agriculture <input type="checkbox"/> Amusement, Recreational <input type="checkbox"/> Church, Other Religious <input type="checkbox"/> Convert Residence <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Hotel, Motel, Dormitory <input type="checkbox"/> Industrial <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Other _____ <input type="checkbox"/> Parking Garage <input type="checkbox"/> Restaurant <input type="checkbox"/> School, Library, Educational <input type="checkbox"/> Service Station, Repair Garage <input type="checkbox"/> Stores, Merchants <input type="checkbox"/> Utilities	Land Area _____  <input type="checkbox"/> square feet <input type="checkbox"/> acres  Impervious Area _____  <input type="checkbox"/> square feet <input type="checkbox"/> acres	<input type="checkbox"/> 3 Tree Barricade <input type="checkbox"/> 17 Landscape <input type="checkbox"/> 34 ADA <input type="checkbox"/> 9 Final	Live Oak _____  Non-Shade _____  Shade _____	<input type="checkbox"/> Rolled <input type="checkbox"/> Small  <input type="checkbox"/> Folded <input type="checkbox"/> Other
<b>STANDARD REQUIREMENTS</b>					
_____ _____ _____					

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulated construction in this jurisdiction. **I understand that a separate permit must be secured for additional site work other than clearing if an Approved 10 set is not used for this Application.**

**OWNER'S AFFIDAVIT** – I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I will not occupy or use the referenced building, or any part thereof, until all inspections are finalized and prior to obtaining a Certificate of Occupancy or completion issued by the building official, as required by law.

<b>OWNER or AGENT</b> <small>(If Agent, Power of Attorney or Agency Letter Required)</small>	<b>AGENCY APPROVALS</b>
Signed: _____ Date: ____/____/____ Before me this _____ day of _____ in the County of Duval, State of Florida, has personally appeared _____ herein by himself/herself and affirms all statements and declarations herein are true and accurate.  _____ Notary Public at Large, State of _____, County of _____ Personally Known <input type="checkbox"/> or Produced Identification <input type="checkbox"/> ID Type _____	DEVELOPMENT SERVICES
	10-Set Required? Yes <input type="checkbox"/> No <input type="checkbox"/>
	PLANNING (HISTORICAL)
	JEDC
	CONCURRENCY