

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 #: _____

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

Tree Removal Type: _____
 1=State Recognized Patriarch Tree
 2=36" DBH or greater (Single Family Detached Residential only)
 3=Wetland tree(s) of any size
 4=Tree(s) over 4" DBH in lot perimeter zone (excluding single family)
 5=Dogwood tree(s) 4" DBH or greater (excluding single family)
 6=Hardwood or long leaf pine tree(s) 12" DBH or greater (excluding single family)
 7=Other tree(s) 18" DBH or greater (excluding single family)

(For Canopy Road Tree Removal (within 100 ft. of road centerline) - Please contact a Growth Management Environmental Inspector at 891-7001, Option 3)

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.
- ___ \$273 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

FOR REFERENCE ONLY

Reviewer's Signature

Date