

## APPLICATION FOR TREE ALTERATION PERMIT

**I. APPLICANT INFORMATION:**

Name: \_\_\_\_\_

Mailing Address: Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**II. AUTHORIZED AGENT FOR LICENSE APPLICATION COORDINATION (If Applicable):**

Name: \_\_\_\_\_

Mailing Address: Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**III. LOCATION WHERE PROPOSED ACTIVITY EXISTS OR WILL OCCUR:**

Property Control Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (If more than one PCN is included in the application request, please check here  and attach a list of all PCNs involved.)

Address: \_\_\_\_\_

**IV. PRESENT USE OF SUBJECT PROPERTY:** \_\_\_\_\_

**V. PROPOSED USE OF SUBJECT PROPERTY:** \_\_\_\_\_

**VI. DESCRIPTION OF PROJECT:**

Total number of trees proposed to be removed: \_\_\_\_\_

Total number of trees proposed to be relocated: \_\_\_\_\_

Reasons for removal or relocation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VII. PROPOSED COMMENCEMENT DATE:** \_\_\_\_\_

**VIII. PROPOSED COMPLETION DATE:** \_\_\_\_\_

**IX. REQUIRED INFORMATION:**

Application fee:

Single family residence – \$25.00

Multi-family residential and/or non-residential - \$50.00

**▲ IMPORTANT: The application fees indicated above provide for the removal/relocation of one (1) tree – an additional fee of \$5.00 (per tree) will be charged for each additional tree proposed to be removed/relocated.**

Attach any additional remarks on a separate sheet.

Attach two (2) copies of the following:

Map/aerial showing the size and location of the site.

A certified tree survey (**required for the removal/relocation of six (6) or more trees**) and landscape plan designating trees to be preserved, relocated and/or removed. Copies shall also be provided in electronic format.

A detailed list describing species and diameter breast height for each tree proposed to be removed or relocated.

A legal description of the subject property and a drawing of the proposed work or a certified site plan showing the location of all existing and proposed buildings.

**X. AFFIDAVIT OF OWNERSHIP OR CONTROL OF THE PROPERTY FROM WHICH THE PROPOSED WORK IS TO BE UNDERTAKEN:**

I certify that (please check the appropriate space):

I am the fee simple title owner of the subject property.

I am a lessee, optionee, contract purchaser, or agent of the owner of the subject property (attach certified owner authorization for the proposed work and lease, option to purchase or land sales contract).

I am the record easement owner of the subject property and the proposed tree removal is consistent with the use granted by the easement (attach certified owner authorization for the proposed work and copy of the document granting the easement and showing the location of the easement).

\_\_\_\_\_  
Name of Agent (Please Print)

\_\_\_\_\_  
Signature of Applicant/Agent

**NOTE: AN AGENT MAY SIGN ABOVE IF THE APPLICANT COMPLETES THE FOLLOWING:**

Application is made for a license to authorize the activities described herein.

- A. I authorize the agent listed in Section II of this application to negotiate modifications or revisions, when necessary, and accept or assent to any stipulations on my behalf.
- B. I understand I may have to provide additional information/data that may be necessary to show that the proposed project will comply with Article XIV, Section 94-447 'Protection of Trees,' of the City of West Palm Beach Code.
- C. In addition, I agree to provide entry to the project site for inspectors with proper identification for the purpose of reviewing the site as covered by the scope of Article XIV titled 'Landscaping, Land Clearing and Tree Protection.'
- D. Further, I hereby acknowledge the obligation and responsibility for obtaining all of the required state, federal, and local permits before commencement of construction activities.
- E. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete and accurate. I further certify that I possess the authority to undertake the proposed activities.

\_\_\_\_\_  
Name of Applicant (Please Print)

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_

\_\_\_\_\_  
Notary Public – State of Florida at Large

My Commission Expires: \_\_\_\_\_