

RESIDENTIAL TREE REMOVAL PERMIT APPLICATION

**CITY OF MAITLAND PUBLIC WORKS
ARBOR DIVISION 1827 FENNELL ST. MAITLAND, FLORIDA 32751**

Permit # _____ Field Check Date: _____ Permit Approval Date _____ Final Inspection Date _____

Checks must be made to the City of Maitland. Fee of \$50.00 per lot for residential properties.

*Permits are not issued until the required financial compensation for removal is paid and/or a replanting plan with intended replanting date is submitted to the Public Works Office.

Applicant	Name: _____ Phone # _____ Date: _____ Email _____ Address: _____ Mailing Address: _____
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Project Description	Tree(s) Locations/Address: _____ Property Owner: _____ Phone #: _____ Property Owner Mailing Address: _____ Reason for Removal _____ # of Trees to be removed: _____ <input type="checkbox"/> Provide drawing showing approximate location of tree(s) proposed to be removed. Indicate the species or common names and sizes (diameter at breast height) of all trees to be removed. <input type="checkbox"/> Provide plan stating the means of offsetting each removed tree with a replacement tree including the species, common name, location and caliper size of any replacement tree(s). <input type="checkbox"/> If applicable, provided identification of company or individual person(s) who will undertake the tree removal and replacement below: <div style="text-align: center;">Tree Removal</div> Company Name: _____ Contact Person: _____ Phone #: _____ Address: _____ Proposed date of work: _____ <div style="text-align: center;">Tree Planting</div> Company Name: _____ Contact Person: _____ Phone #: _____ Address: _____ Proposed date of work: _____
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Alternate Means of Compliance	<input type="checkbox"/> Relocate tree(s) on site – provide plan that shows approximate location of new location and tree(s) existing location. <input type="checkbox"/> Payment in lieu of relocation or replanting – make payment of \$ _____ per tree required to the City of Maitland Tree Replacement Fund.
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Property Owner's Agreement	<p>I understand that in accordance with Section 8-8 to 8-18 of the City Landscape Code that by signing this form I am certifying that the tree(s) to be removed is/are solely on my property. I am aware that if I choose to pay compensation for removal, this document may be recorded against my property until required trees are planted/fees are paid.</p> <p>Signature: _____ Printed Name: _____ Telephone #: _____ Email: _____</p> <p>(If Authorized Agent, please indicate)</p> <p>By signing this document you acknowledge and agree to the terms and conditions of approval.</p>
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Do Not Write Below This Line

Site 5 Data	<p>Parcel Tax ID # _____ Size of Lot (O.C. Property Appraisers) _____ Required # of Tree(s) _____ or Minimum DBH: _____</p> <p>Existing inventory of trees on lot to remain and proposed to be removed</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Tree Species</th> <th style="width: 20%;">DBH</th> <th style="width: 20%;">Health</th> <th style="width: 30%;">Specimen Tree</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Tree Species	DBH	Health	Specimen Tree																
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Plan Review	<p>Planting Plan Review</p> <p> <input type="checkbox"/> Establishment Watering <input type="checkbox"/> Tree Spacing <input type="checkbox"/> Outside of Visibility Triangle <input type="checkbox"/> Over Head Utility Offset <input type="checkbox"/> Rooting Area <input type="checkbox"/> Underground Utility Offset <input type="checkbox"/> Proximity to Structure(s) <input type="checkbox"/> Distance >4 ft. to Hardscape </p>
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Condition of Approval	<p>Trees Specie(s) to be removed: _____ Total Tree(s) or DBH to be compensated for: _____ Mandated planting to be done: _____ Tree Fund Deposit: _____ Comments: _____ _____ _____</p> <p>City Official Approval _____ Date _____ <div style="text-align: center;">Sign</div></p>
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For questions regarding the application process call 407-539-3973

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