



City of Zephyrhills

5335 Eighth Street
Zephyrhills, Florida 33542

TREE REMOVAL PERMIT APPLICATION

DATE: _____ Pre-App Mtg Date: _____
APPLICANT: _____ PHONE: (____) _____
STREET: _____ CITY: _____ ZIP: _____

TREE(S) PROPOSED FOR REMOVAL

TREE TYPE: _____ NUMBER: _____ DIAMETER: _____ (6" DBH & LARGER)
REASON FOR REMOVAL: _____
CONTRACTOR CONDUCTING THE WORK: _____

SITE PLAN: Please provide diagram below identifying abutting streets, structures on the site and location of trees to be removed: **Property Appraiser's ID**

SEC TWP RNG SUB BLK LOT

Subdivision: _____

I hereby certify, affirm or swear that I am the owner or the authorized agent for the owner of the property for which this permit is requested. The information provided herein is true and correct to the best of my knowledge. I release City of Zephyrhills from all responsibility for damages incurred as a result of the tree removal activity.

Sworn to and subscribed before me this
_____ Day of _____ 20_____

Notary Public _____
(State of Florida at Large)

My Commission Expires _____

OWNER AUTHORIZED AGENT

NO REFUNDS

ISSUANCE OF THIS PERMIT IS SUBJECT TO THE FOLLOWING:

The property owner will plant and nurture _____ trees selected from attached appendix B of the Landscape Code Ordinance 922.05, June 13, 2005, within 30 days of the tree(s) removal.

PERMIT APPROVED

DIRECTOR OF DEVELOPMENT

PERMIT DISAPPROVED