



TREE/PALM/VEGETATION REMOVAL PERMIT APPLICATION

100 NW 1st Avenue Delray Beach FL 33444
(561) 243-7200 Fax: (561) 243-7221
Website: www.delraybeachfl.gov

FOR OFFICE USE ONLY:

PROPERTY CONTROL #: \_\_\_\_\_

PLEASE PRINT:

JOBSITE ADDRESS \_\_\_\_\_

PROPERTY OWNER NAME \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

PROPERTY OWNER ADDRESS \_\_\_\_\_

CONTRACTOR (COMPANY) NAME \_\_\_\_\_

CONTRACTOR (COMPANY) ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

BUS. PHONE (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

BLDG PERMIT #: \_\_\_\_\_
TREE PERMIT #: \_\_\_\_\_
PERMIT FEE: \_\_\_\_\_
PLAN CHECK FEE: \_\_\_\_\_
MCR #: \_\_\_\_\_
\*\*\*\*\*
APPROVALS:
LAND: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180-DAYS OR IF ACTIVITY LAPSES FOR 180 DAYS. PLANS MUST BE ON THE JOB SITE FOR ALL INSPECTIONS. FINAL INSPECTION IS REQUIRED ON ALL PERMITS.

NUMBER OF TREES TO BE REMOVED: \_\_\_\_\_

NUMBER OF PALMS TO BE REMOVED: \_\_\_\_\_

REASON FOR REMOVAL \_\_\_\_\_

COMPLETE FOR VEGETATION REMOVAL ONLY:

NUMBER OF ACRES: \_\_\_\_\_

TYPES OF SCRUB VEGETATION ON PROPERTY: \_\_\_\_\_

CONDITIONS OF PERMIT: \_\_\_\_\_

\_\_\_\_\_ OR \_\_\_\_\_

SIGNATURE OF QUALIFIER CONTR. REGISTRATION # WORKERS COMP # EXEMPT (FID /FEIN) #

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] online notarization

this DAY day of MONTH, YEAR by \_\_\_\_\_

(Printed Name of Above Signatory)

Signature of Notary Public – State of Florida

(NOTARY SEAL)

Personally Known \_\_\_\_\_

OR

Produced Identification \_\_\_\_\_

Type of Identification Produced