



## TREE REMOVAL PERMIT REQUEST – MULTI FAMILY & COMMERCIAL

<p><b>No person shall cut down, destroy, damage, remove, or poison any native and approved non-native tree 12 inches or larger in Diameter at Breast Height [DBH] within the City without an approved tree removal permit.</b> A tree removal permit may be approved if one or more of the following circumstances exist and is evidenced by a report from an arborist: the tree constitutes a hazard to life or property which cannot be mitigated without removing; the tree is dying or dead so that its restoration to a sound condition is not practical; or it has a disease which can be transmitted to other trees. Tree replacement shall be required pursuant to requirements in Section 12.14 should the tree removal cause the property to fall below minimum requirements.</p>	<p style="text-align: center;"><u>Office Use only</u></p> <p>Date Received: _____ File # TRC- -</p> <p><input type="checkbox"/> DRC Landscape Plan Submittal Required</p> <p><input type="checkbox"/> Approved– No Replacement</p> <p><input type="checkbox"/> Approved– Replacement required</p> <p><input type="checkbox"/> Approved– Conditions</p> <p>Comments: _____</p> <p>Review By: _____ Date: _____</p>
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**Application and all pertinent required data (listed below) MUST be submitted with this application**

- All Commercial & Multi-Family properties with an APPROVED DRC LANDSCAPE PLAN MUST submit a revised comprehensive landscape plan per City Code Section 26-12
- Copy of Deed or other evidence of ownership
- Photographs of tree to be removed – if removal is due to damage, include picture of damage

Is there an approved DRC landscape Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	DRC #		Year Approved	
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**Applicant \ Information**

Name of Development					
Applicant Name					
Address	City	State	Zip		
Phone	Email address				

**Authorized Agent –(to be completed if someone other than the Property Owner is applying for the permit – NOTE: Owner(s) must sign the Authorized AGENT Affidavit )**

Authorized Agent Name		Company Name (if applicable):			
Phone	Address				
Email	City	State	Zip		

**Tree(s) to be Removed & Reason(s) for Removal (use additional sheet if necessary)**

<b>Tree #1</b>	Address			Location: Front Back Right Side Left Side		
	Species/Type			DBH (inches)		
	<input type="checkbox"/> Dead / decay / rot / Insect infestation	<input type="checkbox"/> Roots / Infrastructure damage	<input type="checkbox"/> Utilities conflict	<input type="checkbox"/> Lightning/Storm	<input type="checkbox"/> Structural damage to tree	<input type="checkbox"/> Disease - fungal or bacteria / virus
	Will tree be replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Species/Type	DBH (inches)		
	Where will new tree be located?			Comment(s)		

<b>Tree # 2</b>	Address		Location: Front Back Right Side Left Side			
	Species/Type		DBH (inches)			
	<input type="checkbox"/> Dead / decay / rot / Insect infestation	<input type="checkbox"/> Roots / Infrastructure damage <input type="checkbox"/> Utilities conflict	<input type="checkbox"/> Lightning/Storm <input type="checkbox"/> Structural damage to tree		<input type="checkbox"/> Disease - fungal or bacteria / virus	
	Will tree be replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Species/Type		DBH (inches)	
	Where will new tree be located?				Comment(s)	

**Site Plan – Location of trees to be Removed**

1. If there is a DRC approved Landscape Site Plan, the DRC approved site plan MUST be submitted with all changes clearly identified. Note: The City of Punta Gorda may request a revised landscape plan be completed by a licensed landscape architect.
2. If there is NOT a DRC approved Landscape Site Plan, Sketch below a site plan that includes:
  - a. All existing structures/buildings. Parking lot, etc.;
  - b. Location and type of ALL existing tree(s) in property; and
  - c. Location and type of tree(s) to be removed

I, the undersigned, being first duly sworn, testify and say that I am the owner or attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of all of the property describe and that all answers to the questions in this application, and all sketches, data and other supplementary material attached to and made a part of the application are honest and true to the best of my knowledge and belief. I agree to comply with the City of Punta Gorda Code of Ordinance Chapter 26, Zoning & Land Development Regulations, Article 12 Landscaping Standards, Sections 12.1 thru 12.18

By submitting this application the owner(s) of the subject property does hereby grant his/her consent to the City Arborist and his/her designee, to enter upon the subject property for the purposes of making any examinations, surveys, measurements, and inspections deemed necessary to evaluate the subject property relative to this application.

**AFFIDAVIT**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Date

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

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

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
My commission Expires

(Seal)

<b>AGENT AFFIDAVIT (Property Owner to complete ONLY if applicable)</b>		
<p>I/We _____, property owner(s), hereby authorize _____ to act as <b>Agent</b> on our behalf regarding a <u>SIGN VARIANCE APPLICATION</u> on the property commonly known as _____ in Punta Gorda, Florida.</p>		
<p>_____ Signature of Property Owner</p>	<p>_____ Print Name of Property Owner</p>	<p>_____ Date</p>
<p>STATE OF _____ ) COUNTY OF _____ )</p>		
<p>The foregoing instrument was acknowledged before me this ___ day of ___, 20___, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.</p>		
<p>_____ Notary Public, State of Florida</p>	<p>_____ My commission Expires</p>	<p>(Seal)</p>