



TREE REMOVAL PERMIT REQUEST – SINGLE FAMILY RESIDENTIAL

	<p>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. 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: _____</p> <p>File # TR _____</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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For any trees within 6' of the seawall, please contact Canal Maintenance, (941)575-5071, prior to removing the tree(s) so that Canal Maintenance can do locates for any tiebacks or dead-men associated with the seawall & seawall cap.

Application and all pertinent required data (listed below) MUST be submitted with this application

- Copy of Deed or other evidence of ownership (Tax bill, utility bill, etc)
- Photographs of tree to be removed – if removal is due to damage, include picture of damage
- Note – it is the property owner's responsibility to contact the Homeowner/Master Association

Only the property owner may apply for Tree Removal Permits or Owner must assign authorization to an agent

Applicant Property Owner(s) Information				Tree Location <input type="checkbox"/> Check if same			
Owner(s) Name				Property Address			
Owner(s) Mailing Address				City	State	Zip	
City	State	Zip		Alt. Phone			
Owner(s) Phone				Owner(s) Email address			
# of Tree(s) to be removed in this request				How many Tree(s) will exist in the FRONT of the property after trees ARE REMOVED?			

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)

Tree #1	Species/Type	Location: Front Back Right Side Left Side			DBH (inches)	
	<input type="checkbox"/> Dead / decay / rot / Insect infestation	<input type="checkbox"/> Roots / Infrastructure damage	<input type="checkbox"/> Lightning/Storm		<input type="checkbox"/> Disease - fungal or bacteria / virus	
	<input type="checkbox"/> Utilities conflict	<input type="checkbox"/> Structural damage to tree				
Comment						

Tree #2	Species/Type	Location: Front Back Right Side Left Side			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
	Comment				

Will Tree(s) Be Replaced: (note: Replacement may be a condition of approval)

Will tree #1 be Replaced	<input type="checkbox"/> Yes <input type="checkbox"/> No	Species/Type	
Location	Front Back Right Side Left Side	DBH (inches)	
Will tree #2 be Replaced	<input type="checkbox"/> Yes <input type="checkbox"/> No	Species/Type	
Location	Front Back Right Side Left Side	DBH (inches)	

Site Plan – Location of trees to be Removed

MUST Include: Existing structures: House, Pool, Driveway, etc.; Location of ALL Existing Tree(s) on property; and Location of Tree(s) to be removed and if applicable location of replacement trees.

X = Tree(s) to be Removed
 ● = Existing Tree(s) on Property
 O = Location of Replacement Tree

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)

AGENT AFFIDAVIT (Property Owner to complete ONLY if applicable)

I/We _____, property owner(s), hereby authorize _____ to act as **Agent** on our behalf regarding a TREE REMOVAL APPLICATION on the property commonly known as _____ in Punta Gorda, Florida.

Signature of Property Owner

Print Name of Property Owner

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)