CITY OF PUNTA GORDA



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TREE REMOVAL PERMIT REQUEST - MULTI FAMILY & COMMERCIAL

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 removed permit.								n D	Office Use only Date Received: File # TRC							
approved tree removal permit. A tree removal permit may be approved if one or more of the following circumstances exist and is									_	□ DRC Landscape Plan Submittal Required						
evidenced by a report from an arborist: the tree constitutes a hazard to									o 📙	□Approved- No Replacement						
	roperty wh									Approve	d– R	eplacem	ent re	quire	d	
	or dead s									Approve	d- C	ondition	s			
	l; or it has									Comments:						
	eplacemer 12.14 sho															
	n requiren		ee ie	IIIOVai Ca	ause ine	property	io iaii	Delov	v							
	oquo.								R	Review By:Date:						
Applica	tion and	all pertine	ent re	equired (data (lis	ted below	/) MU	ST be	sub	mitted v	with 1	this app	licati	ion		
comp	ommercial orehensive of Deed or ographs of	landscaper other evi	e plan dence	per City of owne	Code Sership	ection 26-1	2					age		revise	ed	
Is there an approved DRC landscape Plan? ☐ Yes ☐ No DRC #								Year								
Applica	Approved Approved Approved															
Name o	f Develop	ment														
Applicar	Applicant Name															
Address			City							State	е			Zip		
Phone Email address																
	rized Age s) must sig						n the	Prop	erty C	Owner is	apply	ing for t	he pe	rmit –	NO	TE:
	zed Agent		101126	u AGENI	Ailiuav	Compan	v Nan	ne (if and	nlicable).							
Phone						Address										
Email		City							State Zip							
Tree(s) to be Removed & Reason(s) for Removal (use additional sheet if necessary)																
	Address					•		Loca	tion:	Front	Ва	ack Ri	ght S	ide	Left	Side
	Species/	Туре	DBI				DBH	(incl	(inches)							
Tree #1	☐ Dead / decay / rot Insect infestation			damage □ Utilities conflict □ Yes □ T						ghtning/Storm ructural damage to tre			□ Disease - fungal or bacteria / virus			
	Will tree	Will tree be replaced?			Spec	ies/Type					DBH	d (inche	s)			
	Where w	ill new tre	e be						Cor	nment(s	5)					

Tree # 2	Address				Locati	ion: l	Front	Back	Right	Side	Left Side		
	Species/Type				DBH (inche	25)							
	☐ Dead / decay / ☐ Insect infestation												
	Will tree be replace	□ Vas	Species/T	уре				DBH (inches)		<u> </u>			
	Where will new tre	ee be located?				Comment(s)							
 Site Plan – Location of trees to be Removed 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. 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.													
NOTARIAL CERTIFICATE - ACKNOWLEDGEMENT													
State o	re of Owner or Aut f Florida of Charlotte	horized Agent		F	Print Na	ıme &	Title		-		 Date		
The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization													
this day of, 20, by, who is personally known to me or who has produced as identification.													
is perso	onany known to me	or who has plou	uceu	as	iueilli	icaliUff							
(S	ignature of Notary)								(Seal)				

AGENT AFFIDAVIT (P	roperty Owner to complete ONLY i	f applicable)
I/We, prope act as Agent on our behalf regarding a <u>SIGN</u>	I VARIANCE APPLICATION on the proper	
Signature of Property Owner State of Florida	Print Name of Property Owner	Date
County of Charlotte		
The foregoing instrument was acknowledged	before me by means of [] physical prese	ence or [] online notarization
thisday of	, 20, by	,
who is personally known to me or who has pr	roduced as identification.	
(Signature of Notary)		(Seal)