



## 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>
---	---

**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	
---	-------	--	--	---------------	--

**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)				



**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 SIGN VARIANCE APPLICATION on the property commonly known as \_\_\_\_\_ in Punta Gorda, Florida.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Print Name of Property Owner

\_\_\_\_\_  
Date

State of Florida  
County of Charlotte

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.

\_\_\_\_\_  
(Signature of Notary)

(Seal)