CITY OF PUNTA GORDA



URBAN DESIGN 326 WEST MARION AVENUE PUNTA GORDA, FL 33950 (941) 575-3352 FAX: (941) 575-3310

Zoning@CityofPuntaGordaFL.com UrbanDesign@CityofPuntaGordaFL.com

TREE REMOVAL PERMIT REQUEST - SINGLE FAMILY RESIDENTIAL

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the tree or it has be requir the prope	es a hazard to lift is dying or dead a disease which ed pursuant to reerty to fall below	or poison any inches or larg within the Copermit. A tree more of the evidenced by so that its restor can be transmit equirements in Sominimum requires	r native and ger in Diam ity without removal per following a report nich cannot be ration to a so tted to other ection 12.14 ements.	app eter an mit r circu fron be m bund tree shou	I condition is not es. Tree replace uld the tree rem	tive tree 12 ight [DBH] e removal ed if one o st and is the tree t removing of practical ement shall	Date File 7 File 8 File 8 File 9 File	Rece # TR prove prove prove ments	d– No Ro d– Repla d– Cond s:	eplace aceme itions	ement nt required
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 Owner(s) Name											
,) Name) Mailing										
Address) Mailing										
City			State						Zip		
Owner(s	Owner(s) Phone		Alt. Phone								
Owner(s address	,										
# of Tree request	of Tree(s) to be removed in this quest How many Tree(s) will exist in the FRONT of the property after trees ARE REMOVED?										
Tree Location Check if same											
Property	Address										
City			State						Zip		
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	



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Species/Type Reason for removal Comment Mill Tree(s) Be Replaced: (note: Replacement may be a condition of approval) Mill tree #1 be Replaced Species/Type Cocation DBH (inches)		, to be removed a	Reason(s) for Remo		ai 311661 ii 1166633di	· y /		
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Species/Type Reason for removal Comment Comment	ree #2	Species/Type		Location:		DBH (inches)		
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cation DBH (inches) Species/Type cation DBH (inches)	ill Tr	ree(s) Be Replaced	(note: Replacement may	be a condition of appr	oval)			
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Plan – Location of trees to be Removed Include: Existing structures: House, Pool, Driveway, etc.; Location of ALL Existing Tree(s) on property; and Location of Tree(s) to be recognitive.	ll tree	e #3 be Replaced		Species/Type				
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applicable location of replacement troop.	T Incl	lude: Existing structures:	House, Pool, Driveway, etc.; L		ree(s) on property; and Lo	ocation of Tree(s) to be remo		
X = Tree(s) to be Removed					X = Tree(s) t	to be Removed		
X = Tree(s) to be Removed O = Existing Tree(s) on Property					` '			

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								
Signature of Owner or Authorized Agent	Print Name & Title	Date						
State of Florida County of Charlotte								
The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization								
this, 20	, by	, who						
is personally known to me or who has produced as identification.								
(Signature of Notary)		(Seal)						
AGENT AFFIDAVIT (Property Owner to complete ONLY if applicable)								
I/We, property own	er(s), hereby authorize	to						
act as <i>Agent</i> 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 Florida County of Charlotte								
The foregoing instrument was acknowledged before	me by means of [] physical presence	e or [] online notarization						
this, 20 _	, by	,						
who is personally known to me or who has produced as identification.								
(Signature of Notary)		(Seal)						