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City of South Pasadena

COMMUNITY IMPROVEMENT

Office Address:
6940 Hibiscus Ave S
South Pasadena, FL 33707

Mailing Address:
7047 Sunset Dr S
South Pasadena, FL 33707

PHONE: (727) 343-4192 * FAX: (727) 381-4819

Tree Removal - Replacement Permit Application

PERMIT # _____

1. A signed copy of the contract or proposal is required on **all** permits.
2. Survey is required for **all** fences, driveways, additions, and pools.
3. An original or certified copy of Notice of Commencement is required on **all** jobs of \$2,500 or greater in value, and must be provided at the time of permit issuance; provide a stamped, addressed envelope to the property owner.
4. Contractor's authorization to pull permits must be on file.

City Code section 183-4 allows an applicant to re-landscape a site provided the new landscape plan contains more canopy coverage than the existing landscaping.

Date _____ Valuation of Job \$ _____

Name of Contractor _____

Address, City, State, Zip _____

Office Phone # _____ Contact Person & Phone # _____

Property Owner _____ Phone: _____

Address, City, State, Zip _____

Construction Address _____

Address, City, State, Zip _____

**Attach additional sheets if necessary.

Number of Trees being REMOVED: Give details including the location, species, square footage of canopy for each tree proposed for removal. Attach a sketch of the site identifying each tree proposed for removal in sufficient detail to allow City inspectors to identify each tree.

| Tree Species | Canopy Size (sq. ft.) | Location | Reason |
|--------------|-----------------------|----------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Total Square footage of canopy to be REMOVED: _____

Number of Trees being REPLACED: Give details including the location, species, square footage of canopy for each tree proposed for removal. Attach a sketch of the site identifying each tree proposed for removal in sufficient detail to allow City inspectors to identify each tree.

| Tree Species | Canopy Size (sq. ft.) | Proposed Location | Reason |
|--------------|-----------------------|-------------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Total Square footage of canopy proposed to be REPLACED: _____

If any trees on site are being RELOCATED, give details of species, size, location and proposed new location:

| Tree Species | Canopy Size (sq. ft.) | Location | Reason |
|--------------|-----------------------|----------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I understand that a separate permit must be secured for all work not provided in this application. I certify that all foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating zoning and construction.

Contractor or Agent's Signature _____ Date _____

Print Contractor or Agent's Name _____ Date _____

Application Approved by _____ Date _____