City of Pompano Beach



Tree Permit Application

1.	Date of Application:// Tax Fol	io #:	Application #:					
2.	Property Owner's Name: Owner's Address: Owner's Phone:()Ov	City:	State	e:Zip				
3.	Contractor:							
	Certificate of Competency #:Contractor Address:Contractor Phone:()Co	City:	Stat	e:Zip				
4.	Description of Work:							
5.	Engineer:Engineer Address:Engineer Phone:()Engineer Phone:	City:	State	:Zip				
6.	Architect:							
	Architect Address:Architect Phone:()			_				
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City of Pompano Beach



Tree Permit Application

Descr	iption of Work and Rea	ason for Tree Permit App	olication:				
. List to	o be Completed by App	licant: Tree Number, Sp	ecies and Quanti	ty			
Γree #	Botanical Name	Common Name	Quantity Protected	Quantity Relocated	Quantity Removed	Total	
****	******	********* (for office u	se only) *****				
				Tota	al Quantity of Tr	rees: X \$	
se						л ф = \$	
		Amount to be De	eposited into Tree	e Canopy Trust F	Fund (if applicab		
					Base Fee	e: + \$	
		Tota	Total Tree Permit Fee = \$				
			Date://				

Note to applicant: This permit application does not become valid until signed by an authorized representative of the City of Pompano Beach, all fees are paid, and a receipt acknowledged.

Note to applicant: Inspections will be made on or about the following work day after request. An appointment can be scheduled for specific time through the inspector.

Note to applicant: Plans and permit must be on job site for inspections to be performed.

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