

Tree Protection Tree Relocation Tree Removal Land Clearing/Grubbing Demolition

1. Date of Application: ___/___/___ Tax Folio #: ___-___-___ Application #: ___-___-___

2. Property Owner's Name: _____
Owner's Address: _____ City: _____ State: _____ Zip _____
Owner's Phone: (____) _____ - _____ Owner's Email: _____

3. Contractor: _____
Certificate of Competency #: _____ State Registration #: _____
Contractor Address: _____ City: _____ State: _____ Zip _____
Contractor Phone: (____) _____ - _____ Contractor Email: _____

4. Description of Work: _____
Job Address: _____
Subdivision: _____ Block: _____ Lot: _____

5. Engineer: _____
Engineer Address: _____ City: _____ State: _____ Zip _____
Engineer Phone: (____) _____ - _____ Engineer Email: _____

6. Architect: _____
Architect Address: _____ City: _____ State: _____ Zip _____
Architect Phone: (____) _____ - _____ Architect Email: _____

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

7. Affidavit: Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work or installation will be performed to meet the standards of all laws regulating construction in the City of Pompano Beach. I certify that all the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Signature of Legal Owner/Agent: Including Contractor with notarized statement.

Signature of Legal Contractor:

X _____
STATE OF FLORIDA - COUNTY OF BROWARD
Sworn to (or affirmed) and subscribed before me

X _____
STATE OF FLORIDA - COUNTY OF BROWARD
Sworn to (or affirmed) and subscribed before me

this _____ day of _____, 20____ by _____
(Type / Print Owner's Name)

this _____ day of _____, 20____ by _____
(Type / Print Owner's Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature
Name & Title (printed) _____
(Type / Print Notary's Name)
Personally Known _____ or Produced ID _____
Type of Identification Produced: _____

NOTARY'S SIGNATURE as to Owner or Agent's Signature
Name & Title (printed) _____
(Type / Print Notary's Name)
Personally Known _____ or Produced ID _____
Type of Identification Produced: _____

8. Description of Work and Reason for Tree Permit Application: _____

9. List to be Completed by Applicant: Tree Number, Species and Quantity

Tree #	Botanical Name	Common Name	Quantity Protected	Quantity Relocated	Quantity Removed	Total
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

***** (for office use only) *****

Zoning District _____

Total Quantity of Trees: _____

Use: _____

X \$ _____

= \$ _____

Amount to be Deposited into Tree Canopy Trust Fund (if applicable): \$ _____

Base Fee: + \$ _____

Total Tree Permit Fee = \$ _____

Urban Forestry Approved by: _____ Date: ____/____/____

Notes: _____

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.