TAMARAC
The City For Your Life

Community Development
7525 NW 88th Avenue
Tamarac, FL 33321
Telephone (954) 597-3530
Fax (954) 597-3540

FOR STAFF USE ONLY

CASE #: _____
Master File #: _____
Date Received: _____
Received by: _____
Fee(s) Collected: _____

Multifamily Residential Tree Removal Permit Application

1. APPLICANT:

Name

Street Address | City | State | Zip Code

Telephone | E-Mail Address

2. APPLICANT'S AUTHORIZED AGENT FOR LICENSE APPLICATION COORDINATION:

Name

Street Address | City | State | Zip Code

Telephone | E-Mail Address

3. LOCATION WHERE PROPOSED ACTIVITY EXISTS OR WILL OCCUR:

Address or Description Location | Zip Code

6. DESCRIPTION OF PROJECT:

- Total number of trees proposed to be removed:
- Total number of trees proposed to be relocated:
- Reasons for removal or relocation:

- Total number of trees to be replaced:

7. PROPOSED COMMENCEMENT DATE: PROPOSED COMPLETION DATE:

8. ***Notes: Required Attachments***

- *Detailed list describing species and diameter at breast height (DBH) for each tree proposed to be removed, relocated, or replaced*
- *Photos of tree(s) proposed to be removed, relocated, or replaced*
- *Site map/aerial showing size and location of the tree(s) proposed to be removed*
- *Site map/aerial showing size and location of the tree(s) proposed to be relocated (if applicable)*
- *Site map/aerial showing size and location of the tree(s) proposed to be planted as replacement(s) (if applicable)*
- *Application fee (see attached fee schedule). Make check payable to the City of Tamarac*
- *(Optional) Relevant documentation from an arborist certified by the International Society of Arboriculture or a Florida licensed landscape architect*

9. *Affidavit of Ownership or control of the property from which the proposed tree removal is to be undertaken:*

I certify that: (*please check ☑ the appropriate box*)

☐ I am the fee simple title owner of the subject property.

☐ I am a lessee, optionee, contract purchaser, or agent of the owner of the subject property (attach certified owner authorization for the proposed work and lease, option to purchase or land sales contact).

☐ I am the record easement owner of the subject property, and the proposed tree removal is consistent with the use granted by the easement (attach certified owner authorization for the proposed work and copy of the document granting the easement and showing the location of the easement).

Print Name of Applicant | Signature of Applicant | Date

NOTE: AN AGENT MAY SIGN ABOVE IF THE APPLICANT COMPLETES THE FOLLOWING:

10. Application is made for a license to authorize the activities described herein.

A. I authorize the agent listed in Item #2 above to negotiate modifications or revision, when necessary, and accept or assent to any stipulations on my behalf.
B. I understand I may have to provide additional information/data that may be necessary to show that the proposed project will comply with Section 10-4.4, entitled Landscaping and Tree Preservation, of the Land Development Code of the City of Tamarac.
C. In Addition, I agree to provide entry to the project site for inspectors with proper identification for the purpose of reviewing the site as covered by the scope of Section 10-4.4, entitled Landscaping and Tree Preservation, of the Land Development Code of the City of Tamarac.
D. Further, I hereby acknowledge the obligation and responsibility for obtaining all of the required state, federal, and local permits **before** commencement of landscaping activities.

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete and accurate. I further certify that I possess the authority to undertake the proposed activities.

Type Print Name of Applicant | Signature of Applicant | Date

Please submit all application packages to:
Community Development Department / Planning and Zoning
7525 NW 88 Avenue, Room 206 • Tamarac, Florida 33321
954-597-3530 • FAX 954-597-3540