



Environmental Protection and Growth Management Department
Environmental Engineering and Permitting Division
Tree Preservation Program
 1 North University Drive, Mailbox 201 • Plantation, Florida 33324
 954-519-1483 • FAX 954-519-1412 • broward.org/environment

Application for Tree Removal License

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	
Municipality or Unincorporated		Section	Township	Range
Land Use	Zoning	Platted?		

4. Present Use of Subject Property: _____

5. Proposed Use of Subject Property: _____

6. Description of Project:

a) Total number of trees proposed to be removed: _____

b) Total number of trees proposed to be relocated: _____

Please attach a detailed list describing species and diameter breast height for each tree proposed to be removed or relocated.

c) Reasons for removal or relocation: _____

d) Total number of trees to be replaced: _____

7. Proposed Commencement Date: _____ Proposed Completion Date: _____

8. * *Attach any additional remarks on a separate sheet.*
 * *Attach map/aerial showing size and location of the site.*
 * *For development on undeveloped property or for redevelopment of property, a certified tree survey and site plan of identical scale designating those trees which are proposed to be preserved, relocated or removed is required and must be attached.*
 * *Attach legal description of subject property and drawing of proposed work or certified site plan showing location of all existing or proposed buildings.*
 * *Attach application fee (see attached fee schedule). Make check payable to the Broward County Board of County Commissioners.*
 * **Development Projects:** *Attach paving and drainage plans showing existing and proposed utilities.*
 * *Any plan sets, drawings or documents ten (10) pages or greater shall also be submitted in an electronic format.*
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 space)

- 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).

Type 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 Article 14, titled Tree Preservation, of the Natural Resource Protection Code.
- 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 Article 14, titled Tree Preservation.
- D. Further, I hereby acknowledge the obligation and responsibility for obtaining all of the required state, federal, and local permits **before** commencement of construction 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:

EEPD Tree Preservation Program

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