



TOWN OF DAVIE
 BUILDING DIVISION
 8800 SW 36 STREET, DAVIE, FLORIDA 33328
 (954) 797-1111 • www.davie-fl.gov

TREE REMOVAL/TREE RELOCATION PERMIT APPLICATION

Folio # _____

Permit # _____

Date _____

Email: _____

Owner's Name _____ Phone # _____

Owner's Address _____

City _____ State _____ Zip _____

Job Location (if different from owner's address): _____

Contractor or Other Contact _____ Phone # _____

Number and type of trees proposed to be removed/relocated and preferred mitigation plan (attach sketch and photos if necessary)

Reason for Tree Removal /Relocation: _____

ACTION:

_____ DENIED DATE: _____ REVIEWER: _____

REASON FOR DENIAL: _____

_____ APPROVED DATE: _____ REVIEWER: _____

CONDITIONS OF APPROVAL:

- Replacement trees must be Florida Grade #1 quality.
- New or relocated trees must be staked, mulched, and watered to ensure survival for 1 year (or be replaced).
- If related to a notice of violation, inspection of replacement trees should occur within 30 days.
- After all conditions have been met, call 954-797-1128 or -1129 for inspection.

Other: _____

Bond (if checked) \$ _____

Mitigation fee (if checked): \$ _____

Permit Fee: \$ _____

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AUTHORIZATION

NOTICE: In addition to the requirements of this permit, there might be additional permits required from other governmental entities such as water management districts, and state or federal agencies.

AFFIDAVIT:

1. I certify that the subject tree or trees are located on the owner's property and that all of the foregoing information is accurate. I also certify that all work will be conducted in compliance with any conditions of approval stated on the permit.
2. I acknowledge that I am responsible for compliance with rules or regulations imposed by a homeowner's association (if any).

Owner	Contractor
Printed Name:	Printed Name:
Signature:	Signature:

Tree Removal/Replacement Process

