

TOWN OF DAVIE BUILDING DIVISION 6591 ORANGE DRIVE, DAVIE, FLORIDA 33314

(954) 797-1111 • www.davie-fl.gov

TREE REMOVAL/TREE RELOCATION PERMIT APPLICATION

Fo	olio #		Permit #		
Da	ate	Emai			
Owner's Name			Phone #		
Owner's Address					
Ci	ityState		Zip		
Job Location (if different from owner's address):					
C	ontractor 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:	R	REVIEWER:		
	REASON FOR DENIAL:				
	APPROVED DATE:	R	REVIEWER:		
CONDITIONS OF APPROVAL:					
<u>v</u>	mulched, and watered to ensure survival for 1 year (or be replaced). If related to a notice of violation, inspection of replacement trees should		Other:		
V		П	Rond (if chacked)		
	occur within 30 days. After all conditions have been met, call 954-797-1128 or -1129 for inspection.		Bond (if checked) Mitigation fee (if checked):	\$ \$	
	304 707 1120 01 1120 101 mopouloin.	□	Permit Fee:	\$	
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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.

OWNER'S 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).

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

Tree Removal/Replacement Process

