

City of Pompano Beach

Tree Permit Application

Note to Applicant: This form (Page 1 & 2) MUST have all applicable information to avoid delays.

Tree Protection Tree Relocation Tree Removal Land Clearing/Grubbing Demolition

Date of Application ____/____/____ Tax Folio # _____ - _____ - _____ P.R.A. # _____ - _____

Owner's Name: _____ Phone #(____) _____ - _____

Owner's Address: _____ City _____ State ____ Zip _____

Contractor: _____ Phone #(____) _____ - _____

Certificate of Competency #: _____ State Registration # (if applicable): _____

Contractor's Address: _____ City _____ State ____ Zip _____

Job Name & Description of Work _____

Job Address _____

Subdivision _____ Block _____ Lot _____

Bonding Company _____

Bonding Company Address _____ City _____ State ____ Zip _____

Engineer _____ Registration # _____ Phone (____) _____ - _____

Engineer Address _____ City _____ State ____ Zip _____

Architect _____ Registration # _____ Phone (____) _____ - _____

Architect Address _____ City _____ State ____ Zip _____

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

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.

Owner Affidavit: 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
this _____ day of _____, 20____ by

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)

(Type / Print Contractor's Name)

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

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

Tree Protection, Relocation and Removal Permit Information

Zoning District _____

P.R.A.# _____ - _____

Reasons for Relocation or Removal: _____

Number, Species and Quantities of Trees:

| # | Botanical Name | Common Name | Quantity Protected | Quantity Relocated | Quantity Removed | Total |
|-------|----------------|-------------|--------------------|--------------------|------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Total Number of Trees _____

Contractor's Valuation of Project: \$ _____ x \$ 5.00

= \$ _____

Base Fee + \$ 25.00

Amount to be Deposited into Tree Canopy Trust Fund + \$ _____

Certificate of Completion + \$ 5.00

Board of Rules & Appeals Surcharge + \$ _____

Certification Maintenance Fee + \$ _____

Lien Law + \$ _____

Total Permit Fee = _____

Zoning / Urban Forester Approved by: _____ Date: ____/____/____

Building Approved by: _____ Date: ____/____/____

Conditions Under Which Approved: _____

- This permit does not become valid until signed by an authorized representative of the City of Pompano Beach Zoning Department and Building Department and all fees are paid and a receipt acknowledged.
- ❖ Inspections will be made on or about the following work day after request.
 - ❖ Time Limitation: Florida Building Code Section 104.9.3
 - ❖ Plans must be on job before inspections will be made.
 - ❖ Obtain Certificate of Occupancy from the Building Department before using completed building.