

Natural Forest Community Permit Application



Tree & Forest Resources Section
701 N.W. 1 Court, 6th Floor
Miami, Florida 33136
T (305) 372-6574 F (305) 372-6479

FOR DEPARTMENTAL USE ONLY Updated 11/16

Date Received:	Application Number:
Received By:	Natural Forest Community (NFC) #:
	Application Fee (other fees may be applicable):

Application Type: NFC Removal Exotic Removal

After-the-Fact: No Yes **COM #:** _____

Application must be filled out in its entirety. Please indicate N/A for non-applicable fields.

1. Property Owner's Information:

Name: _____

Address: _____

Zip Code: _____

Phone #: _____ Fax #: _____

Email: _____

* This should be the applicant/owner's information for contact purposes.

2. Property Owner's Authorized Permit Agent:

The name and contact information for the Agent that is authorized by the owner to process the application, furnish information relating to the application and bind the applicant to all requirements of the application/permit document.

Name: _____

Address: _____

Zip Code: _____

Phone #: _____ Fax #: _____

Email: _____

3. Site Location and Description where the proposed activity exists or will occur:

Folio #(s): _____

Site Address: _____

City or Town: _____ Total acreage of property: _____

Total acreage of property designated as Natural Forest Community: _____

Has property been recently delineated: Yes No (If yes, please include a copy of most recent delineation letter.)

Does intended use of the property require re-zoning or plat? Yes No

Current Zoning (check all that apply):

Single Family Multi-Family Commercial Business Agricultural Swale/Right-of-Way Other

4. Work Description:

Building permit process number (if applicable): _____

Acreage or percentage of proposed clearing of property: _____

Location of work: _____

Reason for clearing or work: _____

Attachments (check all that apply): (e.g. site sketch, plans etc.):

Site Sketch Plans Photographs Environmental Assessment Tree Survey Boundary Survey Other: _____

How would you like to receive your permit information: Email Certified Mail Pick it up in person

6. IMPORTANT NOTICE TO PROPERTY OWNERS:

The written consent of the Property Owner is required for all applications to be considered complete. Your application WILL NOT BE PROCESSED unless the Property Owner consent portion of the application is completed below. You have the obligation to notify the Department in writing of any changes to information provided in this application.

Application is hereby made for a Miami-Dade County tree permit to authorize the activities described herein. I agree to or affirm the following:

- I possess the authority to authorize the proposed activities at the subject property, and
- I am familiar with the information, data and plans contained in this application, and
- To the best of my knowledge and belief, the information, data and plans submitted are true, complete and accurate, and
- I am authorizing the permit agent listed in Section 2 of this application to process the application, furnish supplemental information relating to this application and bind the property owner(s) to all requirements of this application/permit document, and
- I agree to provide access and allow entry to the project site to inspectors and authorized representatives of Miami-Dade County for the purpose of making the preliminary analyses of the site and to monitor permitted activities and adherence to all permit conditions.

A. IF PROPERTY OWNER IS AN INDIVIDUAL

Signature of Property Owner	Print Property Owner's Name	Date

B. IF PROPERTY OWNER IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON

(Examples: Corporation, Partnership, Trust, LLC, LLP, etc.)

Print Name of Property Owner (Enter the complete name as registered)	Type (Corp, LLC, LLP, etc.)	State of Registration/Incorporation

Under the penalty of perjury, I certify that I have the authority to sign this application/permit document on behalf of the Property Owner, to bind the Property Owner, and if so required to authorize the issuance of a bond on behalf of the Property Owner. (If asked, you must provide proof of such authority to the Department). *Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages. *****

Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date

C. IF THE APPLICANT IS A JOINT VENTURE Each party must sign below (If more than two members, list on attached page)

Print Name of Applicant (Enter the complete name as registered)	Type (Corp, LLC, LLP, etc.)	State of Registration/Incorporation

Print Name of Applicant (Enter the complete name as registered)	Type (Corp, LLC, LLP, etc.)	State of Registration/Incorporation

Under the penalty of perjury, I certify that I have the authority to sign this application/permit document on behalf of the Property Owner, to bind the Property Owner, and if so required to authorize the issuance of a bond on behalf of the Property Owner. (If asked, you must provide proof of such authority to the Department). *Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages. *****

Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date

Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date

7. WRITTEN CONSENT OF THE PROPERTY OWNER FOR THE PROPOSED WORK LOCATION

I/We are the fee simple owner(s) of the real property located at _____
 Miami-Dade County, Florida, otherwise identified in the public records of Miami-Dade County as Folio
 No(s)._____. I/We am/are aware and familiar with the contents of this application for a
 Miami-Dade County tree permit to perform the work on the subject property, as described in this application. I/We hereby consent to
 the work identified in this tree permit application.

A. IF THE PROPERTY OWNER IS AN INDIVIDUAL

 Signature of Property Owner Print Property Owner's Name Date

 Signature of Property Owner Print Property Owner's Name Date

B. IF THE PROPERTY OWNER IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON

(Examples: Corporation, Partnership, Joint Venture, Trust, LLC, LLP, etc.)

 Print Name of Property Owner (Enter the complete name as registered) Type (Corp, LLC, LLP, etc.) State of Registration/Incorporation

 Address of Property Owner

Under the penalty of perjury, I certify that I have the authority to sign this application/permit document on behalf of the Property Owner, to bind the Property Owner, and if so required to authorize the issuance of a bond on behalf of the Property Owner. (If asked, you must provide proof of such authority to the Department). *Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages. *****

 Signature of Authorized Representative Print Authorized Representative's Name Title Date

 Signature of Authorized Representative Print Authorized Representative's Name Title Date

Please Review Above

Appropriate signature(s) must be included in:

Box 6: either A, B or C

AND

Box 7: either A or B

Tree Permit Application Additional Signatures Page

(Please attach to Tree Permit Application if needed)

Folio #(s): _____

Site Address: _____

1. IF THE PROPERTY OWNER IS AN INDIVIDUAL

Signature of Property Owner	Print Name of Property Owner	Date
Signature of Property Owner	Print Name of Property Owner	Date

2. IF THE PROPERTY OWNER IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON
 (Examples: Corporation, Partnership, Trust, LLC, LLP, etc.)

Print Name of Property Owner (Enter the complete name as registered) _____ Type (Corp, LLC, LLP, etc.) _____ State of Registration/Incorporation _____

Under the penalty of perjury, we certify that we have the collective authority to sign this application/permit document on behalf of the Property Owner, to bind the Property Owner, and if so required to authorize the issuance of a bond on behalf of the Property Owner. (If asked, you must provide proof of such authority to the Department). *Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages.*****

Signature	Print Name	Title	Date
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