



Carlos A. Gimenez, Mayor

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Environmental Resources Management

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TREE PERMITTING PROGRAM FINAL INSPECTION REQUEST

Applicant Name: _____ Site Address: _____

Phone Number: _____ Email Address: _____

Permit Number: _____ Permit Expiration Date: _____ Project Manager: _____

Contractor / Agent Name (if applicable): _____

Check all that apply:

___ C.O. Held (C.O. Number(s): _____) ___ Bond Held (Bond amount: _____)

___ On-site meeting requested (subject to scheduling and inspector availability)

Please fill out completely:

Can newly planted tree(s) or palm(s) be accessed / inspected without special permission? ___ Yes ___ No

If No, please elaborate: _____

Type of tree(s) or palm(s) planted	Quantity	Approximate height of tree(s) or palm(s) at time of planting	Approximate location of the planted tree(s) or palm(s)

Comments: _____

OFFICE USE ONLY:

Inspector: _____ Date of Inspection: _____

Final Inspection: Passed / Failed (circle one)

Comments: _____

