



Carlos A. Gimenez, Mayor

Department of Regulatory and Economic Resources

Environmental Resources Management

701 NW 1st Court, 6th Floor

Miami, Florida 33136-3912

T 305-372-6567 F 305-372-6407

miamidade.gov

TREE RELOCATION PLAN

Date: _____ Tree Permit #: _____ Applicant Name: _____

Arborist / Tree Worker performing the relocation:

Current location of tree(s) to be relocated*:

Location tree(s) will be relocated to*:

How often will the relocated trees be watered?

Date the tree relocation will be completed:

*A SIGNED & SEALED RELOCATION LANDSCAPE PLAN MAY BE REQUIRED.

Table with 5 columns: TREE SPECIES, TREE DIAMETER, ROOTBALL DIAMETER, SIZE OF HOLE, ROOT PRUNED FOR HOW LONG? (PRIOR TO RELOCATION). Rows 1-10.

I, _____, agree to relocate tree(s) in accordance to the specifications of this plan.

SIGNATURE OF TREE RELOCATOR/CONTRACTOR: _____