

Tree Permit Application



Tree Permitting Program
 701 N.W. 1 Court, 6th floor
 Miami, Florida 33136
 T (305) 372-6574 F (305) 372-6479

FOR DEPARTMENTAL USE ONLY

Updated 10/12

Date Received:	Application Number:
Received By:	Application Fee (other fees may be applicable):

Application Type: Removal Relocation Removal & Relocation Modification Extension
 After-the-Fact: Yes No

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

1. Applicant Information:

Name: _____

Address: _____

_____ Zip Code: _____

Phone #: _____ Fax #: _____

Email: _____

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

2. Applicant's Authorized Permit Agent:

The name and contact information for the Agent that is authorized by the owner to process the application, furnish supplemental 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: _____

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

City or Town: _____

4. Current Use/Location of Trees (check all that apply):

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

5. Work Description:

Building permit process number (If Applicable): _____

Number and type of tree(s) to be removed, or relocated. Include trees affected by improper trimming or removed without a permit:

Location of the tree(s) stated above: _____

Reason for permit request: _____

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

Site Sketch Plans Photographs Arborist Assessment Tree Survey Other _____

6. IMPORTANT NOTICE TO APPLICANT:

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, 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 THE APPLICANT IS AN INDIVIDUAL

Signature of Applicant	Print Property Applicant's Name	Date

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

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

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

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

