



Department of Regulatory and Economic Resources

Environmental Resources Management

701 NW 1st Court, 6th Floor

Miami, Florida 33136-3912

T 305-372-6567

miamidade.gov

**TREE REMOVAL OR RELOCATION PERMIT FINAL INSPECTION REQUEST FORM**

Applicant Name: \_\_\_\_\_ Site Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Tree Permit #: \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_ DERM Biologist: \_\_\_\_\_

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: \_\_\_\_\_

**\*Use the spaces below to describe the trees/palms that were planted to satisfy tree permit requirements.**

*Type of newly planted tree(s) or palm(s)	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: \_\_\_\_\_  
\_\_\_\_\_

[Type text]