

CITY OF ST. AUGUSTINE
APPLICATION FOR TREE REMOVAL PERMIT

Application Fee _____ White - Files Yellow - Applicant
Associated BDAC Project No. _____

Receipt No. _____

PLEASE PRINT OR TYPE

1. NAME OF APPLICANT _____ Daytime Telephone _____
Business (if applicable) _____
Address _____ City _____ State _____ Zip _____

2. NAME OF PROPERTY OWNER _____ Daytime Telephone _____
Business (if applicable) _____
Address _____ City _____ State _____ Zip _____

3. LEGAL DESCRIPTION OF PROJECT PROPERTY
Lot _____ Block _____
Subdivision _____ Parcel Number _____

4. PROJECT STREET ADDRESS _____

5. TREE REMOVAL REQUESTED

Trunk Diameter	Type	Reason for Removal
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. AGREEMENT

In filing this application, I understand that it becomes part of the Public Record of the City of St. Augustine, and hereby certify that all information contained herein is accurate to the best of my knowledge.

I further agree that I will relocate the tree being removed or replace the tree being removed somewhere on the project property (2 for 1 replacement for Southern Red Cedar Tree (*Juniperus silicicola*); 1 for 1 replacement for all others). Shade trees will be replaced with shade trees; understory trees will be replaced with either shade or understory trees. Shade trees will be a minimum of 10' overall height when planted. Understory trees will be a minimum of 8' overall height when planted. **REQUIRED REPLACEMENT TREES MUST BE PLANTED WITHIN 30 DAYS.**

7. _____
SIGNATURE OF APPLICANT OR PROPERTY OWNER _____ DATE _____

STAFF USE ONLY

A. INSPECTION RESULTS

Tree Removal Approved Denied
Number of Replacement Trees Required _____ (Mark replacement trees on site)

COMMENTS _____

BUILDING OFFICIAL OR AUTHORIZED SIGNATURE _____ DATE _____