



**CITY OF GREEN COVE SPRINGS  
321 WALNUT STREET  
GREEN COVE SPRINGS, FLORIDA 32043**

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**TREE REMOVAL PERMIT APPLICATION**

**Applicant:** \_\_\_\_\_ **Property Owner: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Planning & Zoning Board meets the fourth Thursday of the month at 5:00PM. Application for tree removal must be submitted to the Planning and Zoning department no later than the third Tuesday of the month in order to be placed on the agenda.

1. Please state the reason the tree removal permit is being sought and justification for action.

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2. Prior to site alteration, a thorough tree inspection must be conducted to evaluate the condition of the trees and identify those best suited for preservation. Please indicate when the tree inspection was conducted and by whom.

Required report is attached: Yes \_\_\_\_\_ No \_\_\_\_\_. If report is not attached, Please explain.

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3. Proposed site alteration shall be outlined in a site drawing prepared by the applicant and submitted to the Planning & Zoning Board for review and comment prior to making site changes.

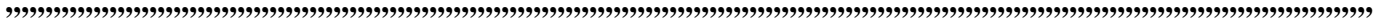
4. For ease of field identification, a tree survey shall be attached to the application and tree either to be removed or to remain shall be marked with flagging tape for recognition by the Planning and Zoning Board. How Marked: \_\_\_\_\_

5. If exceptions to the standards of the Tree Protection Ordinance are required, please explain.

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**PLEASE DO NOT WRITE BELOW THIS LINE- FOR STAFF USE ONLY**



Date application reviewed \_\_\_\_\_

Permit GRANTED \_\_\_\_\_ Permit granted CONDITIONAL \_\_\_\_\_

Permit denied \_\_\_\_\_

Conditions of approval:

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Director \_\_\_\_\_