



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

TREE REMOVAL PERMIT APPLICATION

Applicant: _____ Property Owner: Yes _____ No _____

Address: _____ **Phone:** _____

Location: _____ **Date:** _____

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

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.

3. Proposed site alteration shall be outlined in a site drawing prepared by the applicant and submitted for review and approval 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.

How Marked: _____

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

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 _____