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APPLICATION FOR TREE, SCRUB AND VEGETATION REMOVAL

CITY	RG	TWP	SEC	SUBD	BLOCK	LOT														

FOR OFFICE USE ONLY

BLDG. PERMIT NUMBER: _____	PLAN CHECK FEE: \$ _____	MCR # _____
LAND. PERMIT NUMBER: _____	PERMIT FEE: \$ _____	

PLEASE PRINT

JOB SITE ADDRESS _____

PROPERTY OWNER NAME _____ PHONE (____) _____

PROPERTY OWNER ADDRESS _____

CONTRACTOR (COMPANY) NAME _____

CONTRACTOR (COMPANY) ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE: (____) _____ FAX: (____) _____

NUMBER OF TREES TO BE REMOVED: _____

REASON FOR REMOVAL _____

COMPLETE FOR SCRUB VEGETATION REMOVAL ONLY:

NUMBER OF ACRES: _____

TYPES OF SCRUB VEGETATION ON PROPERTY: _____

CONDITIONS OF PERMIT: _____

SIGNATURE OF QUALIFIER **CONTR. REGISTRATION #** **WORKERS COMP #** **OR** **EXEMPT (FID /FEIN) #**

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced (Type of ID) _____ as identification.

 Signature of Notary Public (Seal)

NOTE: PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180 DAYS. AT LEAST (1) INSPECTION EVERY 180 DAYS OR PERMIT EXPIRES. PLANS MUST BE ON THE JOB BEFORE INSPECTION WILL BE MADE. FINAL INSPECTION IS REQUIRED ON ALL PERMITS

LANDSCAPE APPROVAL: _____ **DATE** _____