



TREE/SCRUB/VEGETATION REMOVAL PERMIT APPLICATION

100 NW 1st Avenue Delray Beach FL 33444
(561) 243-7200 Fax: (561) 243-7221
Website: mydelraybeach.com

FOR OFFICE USE ONLY:

PROPERTY CONTROL #: _____ - _____ - _____ - _____ - _____ - _____

PLEASE PRINT:

JOBSITE ADDRESS _____

PROPERTY OWNER NAME _____

HOME PHONE (_____) _____ CELL _____

PROPERTY OWNER ADDRESS _____

CONTRACTOR (COMPANY) NAME _____

CONTRACTOR (COMPANY) ADDRESS _____

CITY _____ ST _____ ZIP _____

BUS. PHONE (_____) _____ CELL _____

FAX _____ E-MAIL _____

BLDG PERMIT #: _____
TREE PERMIT #: _____
PERMIT FEE: _____
PLAN CHECK FEE: _____
MCR #: _____

APPROVALS:
LAND: _____ DATE: _____

NOTE: PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180-DAYS OR IF ACTIVITY LAPSES FOR 180 DAYS. PLANS MUST BE ON THE JOB SITE FOR ALL INSPECTIONS. FINAL INSPECTION IS REQUIRED ON ALL PERMITS.

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) #

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day
of _____, 20____ by _____.

Personally Known _____
OR
Produced Identification _____
Type of Identification Produced _____

Signature of Notary Public

(SEAL)