# RESIDENTAL TREE REMOVAL PERMIT APPLICATION

**CITY OF MAITLAND PUBLIC WORKS**  
**ARBOR DIVISION 1827 FENNEL ST. MAITLAND, FLORIDA 32751**

<table>
<thead>
<tr>
<th>Permit #</th>
<th>Field</th>
<th>Permit Check Date:</th>
<th>Approval Date</th>
<th>Final Inspection Date</th>
</tr>
</thead>
</table>

Checks must be made to the City of Maitland. Fee of $50.00 per lot for residential properties.  
*Permits are not issued until the required financial compensation for removal is paid and/or a replanting plan with intended replanting date is submitted to the Public Works Office.*

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Name: _______________________________</th>
<th>Phone #: ___________________</th>
<th>Date: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:____________________________</td>
<td>Address:________________________________________</td>
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<td></td>
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<tr>
<td>Mailing Address:__________________</td>
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<table>
<thead>
<tr>
<th>Project Description</th>
<th>Tree(s) Locations/Address:</th>
<th>Property Owner: __________________</th>
<th>Phone #: ___________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Property Owner Mailing Address:___________</td>
<td>Phone #: ___________________</td>
<td></td>
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<tr>
<td>Reason for Removal</td>
<td># of Trees to be removed:</td>
<td></td>
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</tbody>
</table>

- [ ] Provide drawing showing approximate location of tree(s) proposed to be removed. Indicate the species or common names and sizes (diameter at breast height) of all trees to be removed.

- [ ] Provide plan stating the means of offsetting each removed tree with a replacement tree including the species, common name, location and caliper size of any replacement tree(s).

- [ ] If applicable, provided identification of company or individual person(s) who will undertake the tree removal and replacement below:

  **Tree Removal**
  
  Company Name:_________________________   Contact Person:_________________________
  
  Phone #:_________________________   Address:____________________________________|
  
  Proposed date of work: _________________

  **Tree Planting**
  
  Company Name:_________________________   Contact Person:_________________________
  
  Phone #:_________________________   Address:____________________________________|
  
  Proposed date of work: _________________

<table>
<thead>
<tr>
<th>Alternate Means of Compliance</th>
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<tr>
<td>[ ] Relocate tree(s) on site – provide plan that shows approximate location of new location and tree(s) existing location.</td>
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<tr>
<td>[ ] Payment in lieu of relocation or replanting – make payment of $_______________ per tree required to the City of Maitland Tree Replacement Fund.</td>
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</table>
**Property Owner’s Agreement**

I understand that in accordance with Section 8-8 to 8-18 of the City Landscape Code that by signing this form I am certifying that the tree(s) to be removed is/are solely on my property. I am aware that if I choose to pay compensation for removal, this document may be recoded against my property until required trees are planted/fees are paid.

Signature:____________________________________________________
Printed Name:_________________________________________________
Telephone #:____________________Email:___________________________

(If Authorized Agent, please indicate)

**By signing this document you acknowledge and agree to the terms and conditions of approval.**

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### Site 5 Data

<table>
<thead>
<tr>
<th>Parcel Tax ID #</th>
<th>Size of Lot (O.C. Property Appraisers)</th>
<th>Required # of Tree(s) or Minimum DBH:</th>
</tr>
</thead>
</table>

**Existing inventory of trees on lot to remain and proposed to be removed**

<table>
<thead>
<tr>
<th>Tree Species</th>
<th>DBH</th>
<th>Health</th>
<th>Specimen Tree</th>
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</thead>
<tbody>
<tr>
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**Plan Review**

- [ ] Establishment Watering
- [ ] Tree Spacing
- [ ] Outside of Visibility Triangle
- [ ] Over Head Utility Offset
- [ ] Rooting Area
- [ ] Underground Utility Offset
- [ ] Proximity to Structure(s)
- [ ] Distance >4 ft. to Hardscape

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**Condition of Approval**

- Trees Specie(s) to be removed:__________________________________________________________
- Total Tree(s) or DBH to be compensated for:______________________________________________
- Mandated planting to be done:____________________________________________________________
- Tree Fund Deposit:______________________________________________________________
- Comments:___________________________________________________________________________
  - ___________________________________________________________________________________
  - ___________________________________________________________________________________
  - ___________________________________________________________________________________

City Official Approval ___________________________ Date ______________________

Sign

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For questions regarding the application process call 407-539-3973

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