



PLANNING AND ZONING DEPARTMENT

Permit Number: _____

TREE REMOVAL PERMIT

A. IDENTIFICATION OF PROPERTY OWNER (APPLICANT) AND AGENT

Applicant (Property Owner): _____

Address: _____

Telephone and E-mail: _____

Applicant's Agent _____

Mailing Address: _____

Telephone and E-mail: _____

Subject Property (Address): _____

B. DESCRIPTION OF REQUEST

Number and Species of tree(s) to be removed:

Reason(s) for removal:

Tree Replacement (if applicable): (Please provide tree species type and size.)

If possible, please provide photo of tree(s), aerial photo of tree removal location(s) or sketch the site diagramming tree removal and tree replacement locations.

Signature of Property Owner: _____ Date: _____

Printed Name: _____

"The best time to plant a tree was twenty years ago. The second best time to plant a tree is today."

CITY OF PALM BEACH GARDENS

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www.pbgfl.com