CITY OF PORT ORANGE
1000 CITY CENTER CIRCLE PORT ORANGE, FL 32129
PHONE 386-506-5602 FAX 386-506-5699

TREE REMOVAL PERMIT APPLICATION

TREE TYPE:  □ RESIDENTIAL  □ COMMERCIAL  □ HISTORIC*
(One/Two-Family Lots)  (Multi-Family/Commercial/Industrial Lots)

*Live Oak and Bald Cypress trees 36 inches in diameter or greater may only be removed upon approval by the City Council.

JOB ADDRESS & SUBDIVISION:

PROPERTY OWNER: ________________________________________________________________

ADDRESS: _____________________________________________________________________

PHONE NO.: ___________________________ EMAIL: ____________________________

CONTRACTOR NAME: __________________________________________________________

BUSINESS NAME: ______________________________________________________________

PHONE NO.: ___________________________ EMAIL: __________________________________

DESCRIPTION OF PROPOSED TREE(S) TO BE REMOVED (List: quantity, size [diameter of trunk], and type, i.e. 2-6” oaks):

__________________________________________________________________________________

REASON FOR REMOVAL: __________________________________________________________

Residential:
Fill out the “Tree Removal Sketch” on Page 2 of this application, showing all trees on the subject property to be removed as well as those remaining after the proposed removal.

Commercial:
This application must be accompanied by a sketch or survey showing all trees to be removed. This information will be compared to the approved Site Plan and other City records to determine if the proposed removal can be permitted, and what replacement(s), if any, is required by City Code. On older properties where records are not complete, additional information may be required.

SOME AREAS HAVE PRIVATE DEED COVENANTS AND RESTRICTIONS ON TREE REMOVAL. A CITY PERMIT IS ONLY TO ENSURE COMPLIANCE TO CITY AND STATE CODES. THE OWNER IS RESPONSIBLE FOR OBTAINING ANY PRIVATE ASSOCIATION APPROVAL BEFORE WORK IS STARTED.

I HEREBY CERTIFY THE INFORMATION SUBMITTED ON THIS APPLICATION TO BE TRUE AND ACCURATE;

PROPERTY OWNER SIGNATURE: ___________________ DATE: ________________
or
HOA REPRESENTATIVE (if applicable)

CONTRACTOR SIGNATURE: ___________________ DATE: ________________

Continued on Page 2
TREE REMOVAL SKETCH

LABEL ALL TREES BY TYPE AND SIZE (DIAMETER OF TRUNK); PUT AN “X” IN TREE(S) TO BE REMOVED

DO NOT COUNT CHINESE TALLOW, FRUIT TREES OR SAGO PALMS AND THE FOLLOWING EXEMPT SPECIES:
AUSTRALIAN PINE, BRAZILIAN PEPPER, CHINABERRY, CITRUS, EAR TREE, EUCALYPTUS, PUNK

TREE LEGEND
S: Shade Tree (Oak, Maple, Sycamore, Hackberry, Magnolia)
U: Understory Tree (Crepe Myrtle, Wax Myrtle)
P: Palm Tree (Minimum 8 ft. clear Trunk)

OFFICE USE ONLY

□ Residential  □ Commercial  □ Historic

NUMBER OF SHADE TREES REMAINING AFTER PROPOSED REMOVAL:
FRONT HALF OF LOT _______________ BACK HALF OF LOT _______________ OTHER _______________

REPLACEMENT TREES REQUIRED  □ YES  □ NO  TREE REPLACEMENT DATE: _______________

NUMBER: ________ TYPE: ___________________________________________________________

LOCATION OF REPLACEMENT TREE(S): ___________________________________________________

MITIGATION AMOUNT TO BE PAID: _______________________________________________________

All replacement trees shall be Florida Number 1 Grade or better, and shall be a minimum for Residential: 2” Caliper, and 10’ tall at the time of planting; and for Commercial: 4” Caliper, and 14’ tall at the time of planting.

APPROVED BY: ___________________________ DATE: ___________________________