



**TREE REMOVAL PERMIT APPLICATION**

***BEFORE PROCEEDING, PLEASE READ THE FOLLOWING:***

*PURSUANT TO FLORIDA STATUTE 163.045, A PERMIT IS NOT REQUIRED FOR PRUNING, TRIMMING, OR REMOVAL OF A TREE ON A RESIDENTIAL PROPERTY IF THE PROPERTY OWNER HAS DOCUMENTATION FROM AN ARBORIST CERTIFIED BY THE ISA OR A FLORIDA LICENSED LANDSCAPE ARCHITECT THAT THE TREE POSES AN UNACCEPTABLE RISK TO PERSONS OR PROPERTY IF REMOVAL IS THE ONLY MEANS OF PRACTICALLY MITIGATING ITS RESK BELOW MODERATE AS DETERMINED BY THE TREE RISK ASSESSMENT PROCEDURES OUTLINED IN BEST MANAGEMENT PRACTICES – TREE RISK ASSESSMENT, SECOND EDITION, 2017.*

*PLEASE CONTACT THE BUILDING DEPARTMENT IF YOU HAVE ANY QUESTIONS ABOUT YOUR NEED FOR A TREE REMOVAL PERMIT*

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**JOB ADDRESS** **LOT #** **SUBDIVISION**

\_\_\_\_\_  
**OWNER NAME** **MAILING ADDRESS** **PHONE #**

\_\_\_\_\_  
**CONTRACTOR** **MAILING ADDRESS** **LICENSE #** **PHONE #**

- *If the property owner is not the applicant, a Power of Attorney is required to authorize the applicant to act on behalf of the property owner.*
- *Trees to be removed must be marked with a single red ribbon and trees to be transplanted must be marked with a single green ribbon at 4 ½ feet above grade adjacent to the tree.*
- *Photos of the tree(s) must accompany this application.*

REQUEST FOR THE REMOVAL OF \_\_\_\_\_ TREE(S)

REQUEST FOR TRANSPLANTING OF \_\_\_\_\_ TREE(S)

DETAILED EXPLANATION FOR REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FEE "SCHEDULE F" (State Permit Surcharge= 3% of fee or \$4.00 minimum)

- o 1-3 trees= \$55.00+ surcharge
- o 4-10 trees= \$95.00+ surcharge
- o Over 10 trees (Each addit.) =\$ 9.00+ surcharge

**NOTE:** Protected Trees classified as Trees of Special Concern will require Planning, Zoning, & Variance board approval. Planning, Zoning & Variance meetings are held on the 2nd Tuesday of every month. The deadline for items to be placed on the agenda is Friday morning, 2 weeks prior to the meeting date. There must be a representative in attendance. Please contact the Building Department at 772-231-4453 or [inspections@irshores.com](mailto:inspections@irshores.com) with any questions or concerns.

**PERMIT APPLICANT'S AFFIDAVIT:**

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

X \_\_\_\_\_  
Qualifier/Owner (SIGNATURE)

DATE: \_\_\_\_\_

**NOTARY REQUIRED**

STATE OF FLORIDA  
COUNTY OF INDIAN RIVER

The forgoing document was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

(affix seal)

X \_\_\_\_\_  
Notary Public