



# City of South Daytona

## Tree Removal Application

### Community Development Department

<b>Permit Number:</b>	
<b>Job Address:</b>	<b>Date Received:</b>
<b>DESCRIPTION OF WORK:</b> (Include quantity, DBH (diameter & breast height), and species, [i.e. 2-6" oaks])	
_____	
_____	
_____	
<b>REASON FOR REMOVAL:</b> _____	
_____	

<b>CONTRACTOR INFORMATION</b> [ ] CHECK HERE IF OWNER CONTRACTOR ON OWNER'S RESIDENCE
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Tree Company Name	_____		
	OFFICE USE ONLY: [ ] Contractor current with Volusia County Contractor Licensing – Date Verified: _____		
Phone Number	_____	Email Address	_____
Mailing Address	_____		
Licensee	_____	License Number	_____

<b>OWNER INFORMATION</b>
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Property Owner	_____		
	OFFICE USE ONLY: [ ] Property Owner listed on Volusia County Property Appraiser - Date Verified: _____		
Mailing Address	_____		
Phone Number	_____	E-mail Address	_____
Parcel Number	_____		

This application must be accompanied by a sketch or survey showing all trees to be removed along with 2 sets of pictures. This information will be compared to the approved Site Plan and other City records to determine if the proposed removal may be permitted, and what replacement, if any, is required by the City Code. On older properties where records are not complete, additional information may be required. I verify that no work has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating removal in this jurisdiction.

**\*\* I hereby declare that all information contained in this tree removal permit application is true and correct\*\***  
 Check one: [ ] Owner/Builder (Must personally appear in office & sign) [ ] Contractor or Authorized Agent (Agent must submit power of attorney)

\_\_\_\_\_  
 Authorized Signature \_\_\_\_\_  
 Date

STATE OF FLORIDA      The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] online notarization  
 COUNTY OF VOLUSIA    this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or  
 has presented \_\_\_\_\_ as identification.

Seal: \_\_\_\_\_  
Notary Public Signature Print, Type or Stamp Name of Notary