



# City of Weston

Administrative Services Center  
17250 Royal Palm Boulevard  
Weston, Florida 33326  
(954) 385-0500; FAX (954) 384-7723

## APPLICATION FOR TREE REMOVAL/RELOCATION PERMIT

1. Applicant:

_____			
NAME			
_____		_____	
STREET ADDRESS		CITY	STATE ZIP
_____		_____	
TELEPHONE		EMAIL	

2. Applicant's Authorized Agent for Permit Application Coordination:

_____			
NAME			
_____		_____	
STREET ADDRESS		CITY	STATE ZIP
_____		_____	
TELEPHONE		EMAIL	

3. Location Where Proposed Activity Exists or Will Occur:

\_\_\_\_\_

ADDRESS OR DESCRIPTION LOCATION

4. Present Use of Subject Property: \_\_\_\_\_

5. Proposed Use of Subject Property: \_\_\_\_\_

6. Description of Project:

a) Total number of trees proposed to be removed: \_\_\_\_\_

b) Total number of trees proposed to be relocated: \_\_\_\_\_

c) Reasons for removal or relocation: \_\_\_\_\_

Please attach a detailed list describing species botanical and common name, height of tree, copy spread and caliper diameter breast height for each tree proposed to be removed or relocated.

7. Proposed Commencement Date: \_\_\_\_\_ Proposed Completion date: \_\_\_\_\_

8. Attach any additional remarks on a separate sheet.

- Attach map/aerial showing size and location of the site.
- Attach certified tree survey (required for the removal/relocation of four or more trees) and site plan designating trees to be preserved, relocated or removed.
- Attach legal description of subject property and drawing or proposed work or certified site plan showing location of all existing or proposed buildings.
- Attached application fee (see attached fee schedule). Make check payable to the City of Weston.

9. Affidavit of Ownership or control of the property from which the proposed tree removal is to be undertaken:

I certify that: (please check the appropriate space)

- o I am the fee simple title owner of the subject property.
- o I am a lessee, optionee, contract purchaser, or agent of the owner of the subject property (attach certified owner authorization for the proposed work and lease, option to purchase or land sales contract).
- o I am the record easement owner of the subject property and the proposed tree removal is consistent with the use granted by the easement (attached certified owner authorization for the proposed work and copy of the document granting the easement and showing the location of the easement).

\_\_\_\_\_  
Type/Print Name of Applicant/Agent

\_\_\_\_\_  
Signature of Applicant/Agent

\_\_\_\_\_  
Date

**NOTE: AN AGENT MAY SIGN ABOVE IF THE APPLICANT COMPLETES THE FOLLOWING:**

10. Application is made for a permit to authorize the activities described herein.
- A. I authorize the agent listed in Item #2 above to negotiate modifications or revisions, when necessary, and accept or assent to any stipulations on my behalf.
  - B. I understand I may have to provide additional information/data that may be necessary to show that the proposed project will comply with Chapter 122 titled Tree Preservation, of the City of Weston Code of Ordinances.
  - C. In addition, I agree to provide entry to the project site for inspectors with proper identification for the purpose of reviewing the site as covered by the scope of Chapter 122 titled Tree Preservation.
  - D. Further, I hereby acknowledge the obligation and responsibility for obtaining all of the required state, federal, and local permits before commencement of construction activities.
  - E. I understand that the owner’s property may be subject to additional regulations despite the issuance of a permit by the City of Weston. I understand that the issuance of a permit by the City of Weston does not exempt the owner’s property from other regulations imposed by other governmental agencies or regulations imposed by a homeowners association in which the property is located.

I certify that I am familiar with the information contained in this Tree Removal/Relocation Permit Application, and that to the best of my knowledge and belief, such information is true, complete and accurate. I further certify that I possess the authority to undertake the proposed activities.

\_\_\_\_\_  
Type/Print Name of Applicant/Agent

\_\_\_\_\_  
Signature of Applicant/Agent

\_\_\_\_\_  
Date

STATE OF FLORIDA )  
COUNTY OF BROWARD )

The foregoing instrument was acknowledged before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_

\_\_\_\_\_ (Name of person acknowledging)  
as \_\_\_\_\_ for \_\_\_\_\_  
(Title) (Company name)

Personally known to me \_\_\_ or has produced Identification \_\_\_\_, type of identification produced \_\_\_\_\_.

(NOTARY SEAL HERE)

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINT, TYPE/STAMP NAME OF NOTARY