



Permit # \_\_\_\_\_

# CHARLOTTE COUNTY TREE PERMIT APPLICATION

Select from the following:  Tree Preservation  Tree Removal Authorization  No Tree Affidavit  Memorandum of Exemption of Fees

Job Address: \_\_\_\_\_

Parcel ID # \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Property Type: Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Check *all that apply*: Individual Trees \_\_\_\_\_ Lot Clearing \_\_\_\_\_ Other (specify) \_\_\_\_\_

Contractor or Owner/Builder: \_\_\_\_\_ Contractor License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### 1. Tree Preservation:

Will any trees be preserved on site? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that \_\_\_\_\_ (number) of trees on the above-described property are to be preserved/protected according to the methods set forth in Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. (Provide one (1) site plan.)

### 2. Tree Removal Authorization:

Will any trees be removed from the site? Yes \_\_\_\_\_ No \_\_\_\_\_

I request that \_\_\_\_\_ (number) trees on the above-described property and indicated on the attached site plan be removed utilizing the Tree Removal Authorization as provided in Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. (Provide one (1) site plan) Indicate reason for removal:

\_\_\_\_\_

\_\_\_\_\_

-----AND / OR-----

### 3. Memorandum of Exemption of Fees:

I certify that \_\_\_\_\_ (number) trees on the above-described property are exempt from Tree Removal Authorization and removal fees as provided by the tree protection requirements of Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. (Provide one (1) site plan) Indicate reason for removal:

\_\_\_\_\_

\_\_\_\_\_

-----OR-----

### 4. No Tree Affidavit:

There are **NO TREES** currently located on site. (Use affidavit below)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

State of Florida, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_

as identification and who *did / did not* take an oath.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary's Printed Name

\_\_\_\_\_  
Commission Number

**I agree to assume full responsibility for the removal of said trees(s) and for compliance with all applicable County and State regulations regarding the proper disposal of brush and yard trimmings. Further, I will replace trees as required by the Charlotte County Code.**

<b>Environmental Inspection*:</b>	<b>\$ 55.00</b>
<b>*Required for all lot clearing applications</b>	
<b>Residential Tree**:</b>	<b>\$ 70.00</b>
<b>Commercial Tree**:</b>	<b>\$ 80.00</b>
<b>**Plus total # of caliper inches removed _____ x \$1.00:</b>	<b>\$ _____</b>
<b>Total Fee:</b>	<b>\$ _____</b>

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized County Official: \_\_\_\_\_ Date: \_\_\_\_\_

**An approved barricade inspection must be obtained in order to receive credit for tree preservation.**  
**To request a barricade inspection, call (941) 743-1204 or (941) 743-1205.**  
**A final inspection may be conducted by staff to ensure compliance with all of the applicable permit conditions**





# Community Development

Zoning Division  
18400 Murdock Circle, Port Charlotte, FL 33948-1094  
Phone: (941) 743-1964 (941) 743-1230  
Fax: (941) 743-1598  
www.charlottecountyfl.gov

## Tree Permit Application

### **Affidavit of Applicant**

I, the undersigned, being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owners of the majority of the property described and which is the subject matter of the proposed application; that all answers to the questions in this application, and all sketches, data and other supplementary matters attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the application may be considered, and that if I am not the owner of the property, I have attached a notarized authorization from the owner(s) to submit with this application.

State of \_\_\_\_\_, County of \_\_\_\_\_ The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (Month) (Year) by \_\_\_\_\_ who is personally known to me or; has produced \_\_\_\_\_ as identification and who did / did not take an oath.

\_\_\_\_\_  
Signature of Notary  
\_\_\_\_\_  
Printed Name of Notary  
\_\_\_\_\_  
Commission Number

\_\_\_\_\_  
Signature of Applicant (or Agent)

### **Property Owner's Consent**

I, \_\_\_\_\_, property owner of \_\_\_\_\_  
(print name)  
do hereby give \_\_\_\_\_ permission to file this application to allow the use of this property for: \_\_\_\_\_.

State of \_\_\_\_\_, County of \_\_\_\_\_ The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (Month) (Year) by \_\_\_\_\_ who is personally known to me or; has produced \_\_\_\_\_ as identification and who did / did not take an oath.

\_\_\_\_\_  
Signature of Notary  
\_\_\_\_\_  
Printed Name of Notary  
\_\_\_\_\_  
Commission Number

\_\_\_\_\_  
Signature of Owner

**\*This page does NOT need to be completed if submitting for a building permit!**