



VEGETATION REMOVAL PERMIT APPLICATION

City of Atlantic Beach

Community Development Division
800 Seminole Road Atlantic Beach, FL 32233
904-247-5800

FOR INTERNAL OFFICE USE ONLY

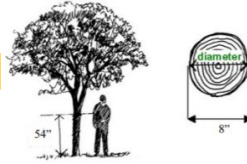
CLASSIFICATION _____

PERMIT # _____

PERMIT FEES

PER PARCEL \$55.00

**SEPARATE PERMIT REQUIRED FOR
REMOVAL OF TREES 8 INCHES DIAMETER
AT BREAST HEIGHT AND GREATER**



****Please submit form in person
or to building-dept@coab.us**

SITE INFORMATION

ADDRESS _____

APPLICANT INFORMATION

NAME _____ OWNER _____ LEGAL AUTHORIZED AGENT _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ EMAIL _____

REASON FOR VEGETATION REMOVAL

VEGETATION REMOVAL PERMIT APPLICATION

PLEASE ACCEPT THE FOLLOWING STATEMENTS:

*Additional information may be required, depending upon circumstances unique to individual applications

I AUTHORIZE CITY EMPLOYEES TO ACCESS MY PROPERTY TO VERIFY COMPLIANCE.

I ACKNOWLEDGE THAT UNPERMITTED TREE REMOVAL(S) MAY RESULT IN DOUBLE MITIGATION PENALTIES.

I ACKNOWLEDGE THAT NO TREE(S) WITH A DBH OF EIGHT (8) INCHES OR GREATER SHALL BE REMOVED.

I ACKNOWLEDGE THAT I WILL NOT DAMAGE ANY EXISTING TREE, ROOTS, OR OPERATE HEAVY MACHINERY WITHIN 6 FEET FROM THE MAIN TRUNK.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT. I AGREE TO COMPLY WITH ALL PROVISIONS OF CHAPTER 23 (PROTECTION OF TREES AND NATURAL VEGETATION) AND ALL OTHER APPLICABLE CODES AND ORDINANCES OF THE CITY OF ATLANTIC BEACH.

SIGNATURE OF OWNER or AGENT _____ PRINT OR TYPE NAME _____ DATE _____

Signed and sworn before me on this _____ day of _____, _____ by _____ State of _____

_____ County of _____

Identification verified: _____

Oath Sworn: Yes No

Notary Signature _____

My Commission expires _____