



# 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

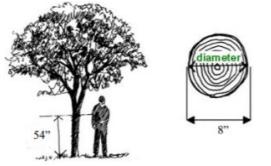
PER PARCEL

\$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](mailto: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 \_\_\_\_\_