



# CITY OF FORT PIERCE

## BUILDING DEPARTMENT

### APPLICATION FOR TREE REMOVAL

1. Address: \_\_\_\_\_
2. Property Tax ID: \_\_\_\_\_
3. Size of described property: \_\_\_\_\_
4. Description of Vegetation to be removed: \_\_\_\_\_  
\_\_\_\_\_
5. Purpose of Vegetation removal: \_\_\_\_\_
6. Date work to begin: \_\_\_\_\_ Duration of work: \_\_\_\_\_
7. Is this a Historic property? \_\_\_\_\_
8. Use of property: Single-Family/Two-Family  Commercial/Industrial  Other
9. Property Owners Acknowledgements: I certify that I am the owner of the above described property. I certify that all information submitted with this application is true and complete to the best of my knowledge.

Property Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA) The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of  
ST LUCIE COUNTY) \_\_\_\_\_, 20\_\_\_\_. ID \_\_\_\_\_

Signature of Notary \_\_\_\_\_ (seal)

10. Name of Business: \_\_\_\_\_  
 Qualifier's Name & Signature: \_\_\_\_\_  
 State Certification #: \_\_\_\_\_ City Certification #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 (City) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail: \_\_\_\_\_

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

Fee \$ \_\_\_\_\_ Paid

Approved  Denied

Conditions: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Site Inspection: \_\_\_\_\_ Date: \_\_\_\_\_

Final Inspection: \_\_\_\_\_ Date: \_\_\_\_\_