

Tree Protection  Tree Relocation  Tree Removal  Land Clearing/Grubbing  Demolition

1. Date of Application: \_\_\_/\_\_\_/\_\_\_ Tax Folio #: \_\_\_-\_\_\_-\_\_\_ Application #: \_\_\_-\_\_\_-\_\_\_

2. Property Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Owner's Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Owner's Email: \_\_\_\_\_

3. Contractor: \_\_\_\_\_  
Certificate of Competency #: \_\_\_\_\_ State Registration # : \_\_\_\_\_  
Contractor Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Contractor Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contractor Email: \_\_\_\_\_

4. Description of Work: \_\_\_\_\_  
Job Address: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

5. Engineer: \_\_\_\_\_  
Engineer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Engineer Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Engineer Email: \_\_\_\_\_

6. Architect: \_\_\_\_\_  
Architect Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Architect Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Architect Email: \_\_\_\_\_

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

7. Affidavit: Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work or installation will be performed to meet the standards of all laws regulating construction in the City of Pompano Beach. I certify that all the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**Signature of Legal Owner/Agent:** Including Contractor with notarized statement.

**Signature of Legal Contractor:**

X \_\_\_\_\_  
STATE OF FLORIDA - COUNTY OF BROWARD  
Sworn to (or affirmed) and subscribed before me

X \_\_\_\_\_  
STATE OF FLORIDA - COUNTY OF BROWARD  
Sworn to (or affirmed) and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
(Type / Print Owner's Name)

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
(Type / Print Owner's Name)

**NOTARY'S SIGNATURE** as to Owner or Agent's Signature  
Name & Title (printed) \_\_\_\_\_  
(Type / Print Notary's Name)  
Personally Known \_\_\_\_\_ or Produced ID \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_

**NOTARY'S SIGNATURE** as to Owner or Agent's Signature  
Name & Title (printed) \_\_\_\_\_  
(Type / Print Notary's Name)  
Personally Known \_\_\_\_\_ or Produced ID \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_

8. Description of Work and Reason for Tree Permit Application: \_\_\_\_\_

\_\_\_\_\_

9. List to be Completed by Applicant: Tree Number, Species and Quantity

Tree #	Botanical Name	Common Name	Quantity Protected	Quantity Relocated	Quantity Removed	Total
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*\*\*\*\* (for office use only) \*\*\*\*\*

Zoning District \_\_\_\_\_

Total Quantity of Trees: \_\_\_\_\_

Use: \_\_\_\_\_

X \$ \_\_\_\_\_

= \$ \_\_\_\_\_

Amount to be Deposited into Tree Canopy Trust Fund (if applicable): \$ \_\_\_\_\_

Base Fee: + \$ \_\_\_\_\_

Total Tree Permit Fee = \$ \_\_\_\_\_

Urban Forestry Approved by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: \_\_\_\_\_

**Note to applicant:** This permit application does not become valid until signed by an authorized representative of the City of Pompano Beach, all fees are paid, and a receipt acknowledged.

**Note to applicant:** Inspections will be made on or about the following work day after request. An appointment can be scheduled for specific time through the inspector.

**Note to applicant:** Plans and permit must be on job site for inspections to be performed.