



TREE REMOVAL PERMIT APPLICATION

For Office Use Only

City of West Melbourne
2240 Minton Road
West Melbourne, FL
32904
(321)-837-7776 = Phone
(321)-952-9542 = Fax

Tax ID# _____
Permit # _____
Entered by: _____
Application Date: _____

Job Name: _____
Address: _____ Zip Code: _____
TWP: _____ RNG: _____ SEC: _____ SUB _____ BLK/PAR: _____ LOT: _____ COUNTY: BREVARD

Owners Name: _____ Phone: _____
Address: _____ Zip Code: _____

Contractor's Firm: _____
Qualifier's Name: _____ License # _____
Address: _____ Zip Code: _____
Phone #: _____ Fax #: _____ Email: _____

Fee Simple Title Holder: _____ Phone: _____
Address: _____ Zip Code: _____
Bonding Company: _____ Phone: _____
Address: _____ Zip Code: _____
Architect/Engineer: _____ Phone: _____
Address: _____ Zip Code: _____

Permit Information:
 2 Tree Surveys with Legend, showing the caliber inches on the trees to be removed
Type of tree(s) to be removed: _____ Number to be removed: _____
Type of tree (s) to be replaced: _____ Number to be replaced: _____
 Notice of Commencement, if over \$2500.00 or Affidavit of Notice of Commencement Filing

Description of Work: _____

City of West Melbourne
SUB-CONTRACTOR INFORMATION:

Electrical: _____ State Reg./Cert. No. _____
 Address: _____ Zip Code: _____ Phone: _____
 Signature: _____ Value of Work: \$ _____
 Scope of Work: _____

Plumbing: _____ State Reg./Cert. No. _____
 Address: _____ Zip Code: _____ Phone: _____
 Signature: _____ Value of Work: \$ _____
 Scope of Work: _____

Mechanical: _____ State Reg./Cert. No. _____
 Address: _____ Zip Code: _____ Phone: _____
 Signature: _____ Value of Work: \$ _____
 Scope of Work: _____

Roofing: _____ State Reg./Cert. No. _____
 Address: _____ Zip Code: _____ Phone: _____
 Signature: _____ Value of Work: \$ _____
 Scope of Work: _____

Other: _____ State Reg./Cert. No. _____
 Address: _____ Zip Code: _____ Phone: _____
 Signature: _____ Value of Work: \$ _____
 Scope of Work: _____

APPLICANT'S AFFIDAVITS

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the Florida Building Code 2010 Edition. I understand that all permits require inspections as indicated. This permit application is valid for 180 days from date of submission.

I certify that **no** work or installation has commenced prior to the issuance of a permit.

By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER'S/AGENTS SIGNATURE: _____
 STATE OF FLORIDA
 COUNTY OF BREVARD
 The foregoing instrument was acknowledged
 Before me this ____ day of _____, 20____
 By _____ who is
 Personally known to me, or has produced
 _____ as identification
 And who did not take an oath

 Notary as to Owner or Agent
 Seal

CONTRACTOR'S SIGNATURE: _____
 STATE OF FLORIDA
 COUNTY OF BREVARD
 The foregoing instrument was acknowledged
 Before me this ____ day of _____, 20____
 By _____ who is
 Personally known to me, or has produced
 _____ as identification
 And who did not take an oath

 Notary as to Qualifier
 Seal