



# TREE REMOVAL PERMIT APPLICATION

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: \_\_\_\_ 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: \_\_\_\_\_  
Value of Construction: \$ \_\_\_\_\_ Total Area of Construction: \_\_\_\_\_ Sq: \_\_\_\_\_

City of West Melbourne  
 SUB-CONTRACTOR INFORMATION:

Construction/Debris Removal: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Valuation: _____ Signature: _____
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Plumbing: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Valuation: _____ Signature: _____
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Mechanical: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Valuation: _____ Signature: _____
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Roofing: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Valuation: _____ Signature: _____
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Electrical: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Valuation: _____ Signature: _____
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**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 2017 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