



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: _____

Plumbing: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ Signature: _____

Mechanical: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ Signature: _____

Roofing: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ Signature: _____

Electrical: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ Signature: _____

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.

 PROPERTY OWNER SIGNATURE
 STATE OF FLORIDA
 COUNTY OF BREVARD

 CONTRACTOR'S SIGNATURE
 STATE OF FLORIDA
 COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___ by _____ who is personally known to me, or has produced _____ as identification.

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___ by _____ who is personally known to me, or has produced _____ as identification.

 Notary as to Property Owner

 Notary as to Qualifier

This Instrument Prepared By:
Name _____
Address _____

Permit No. _____

Tax Folio No. _____

NOTICE OF COMMENCEMENT

STATE OF _____,
COUNTY OF _____.

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: (legal description of property, and street address if available)
2. General description of improvement:
3. Owner information
 - a. Name and address:
 - b. Interest in property:
 - c. Name and address of fee simple titleholder (if other than owner):
4. Contractor:
 - a. Name and address:
 - b. Phone number:
5. Surety
 - a. Name and address:
 - b. Amount of bond \$ _____.
 - c. Phone number:
6. Lender
 - a. Name and address:
 - b. Phone number:
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
 - a. Name and address:
 - b. Phone number:
8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
 - a. Name and address:
 - b. Phone number:
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Owner's Authorized Officer/Director
Partner/Manager

Signatory's Title/Office

The foregoing instrument was acknowledged before me this _____ day of _____, _____ (year) by _____ (name of person) as _____ (type of authority, ...e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

Signature of Notary Public – State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public
Commission Number

Personally Known ___ or Produced Identification _____

Verification Pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Natural Person Signing Above