CITY OF JACKSONVILLE, FLORIDA
BUILDING INSPECTION DIVISION

Permit Number

SITE WORK – TREE REMOVAL PERMIT APPLICATION

Application must be typed or printed legibly in ink. Complete all relevant fields. Companion Building Permit Number

OFFICIAL USE ONLY

REAL ESTATE NUMBER _____ DATE ISSUED _____/_____/_____
STREET NUMBER _____ STREET NAME _____
TYPE _____ DIRECTION _____ UNIT/SUITE _____ ZONING _____ ZONING APPROVAL _____
ZONING NOTES _____
INSPECTION AREA _____ FINAL APPROVAL _____ **FEE $** _____
NOTICE OF COMMENCEMENT REQUIRED? YES ☐ NO ☐

PROJECT IDENTIFICATION

PROJECT CONTACT _____
PROJECT CONTACT PHONE (_____) _____ – _____

BRIEF DESCRIPTION OF WORK

_____
_____
_____
_____

PROPERTY OWNERSHIP DETAILS

TYPE: INDIVIDUAL ☐ GOVERNMENT AGENCY ☐ BUSINESS ☐
FULL LEGAL NAME, AGENCY, OR BUSINESS
_____
MAILING ADDRESS _____
_____
OWNER CONTACT PHONE (_____) _____ – _____
OWNER E-MAIL ADDRESS _____

SITE PERMIT ADDRESS (This is the physical address of the actual work location.)

STREET NUMBER _____ STREET NAME _____ TYPE (Ave/Blvd/Court/Road) _____ DIRECTION _____
UNIT/SUITE _____ ZIP CODE _____ INTERSECTING STREETS _____ AND _____
LOT NO. _____ BLOCK _____ SUBDIVISION _____ CITY DEVELOPMENT NUMBER _____

LANDSCAPE ARCHITECT / ENGINEER / CONTRACTOR

COMPANY NAME
NAME
LICENSE NO.
CITY ID NO.
ADDRESS
PHONE | FAX
E-MAIL ADDRESS

FEE SIMPLE TITLEHOLDER (IF OTHER THAN OWNER)

NAME
ADDRESS

NATURE OF WORK

Check all that apply.

- ☐ Borrow Pit
- ☐ Horizontal Development
- ☐ Pine Harvest
- ☐ Pond
- ☐ Other _____
- ☐ Site Clearing
- ☐ Tree Removal
- ☐ Under Brush

PAYMENT

Check one.

- ☐ Cash
- ☐ Credit
- ☐ Escrow Account
- ☐ Exempt

JOB COST

$_____

PROPOSED USE

RESIDENTIAL

- ☐ Agriculture
- ☐ Apartments
- ☐ Condominiums
- ☐ Duplex
- ☐ Other _____
- ☐ Single Family
- ☐ 3 or 4 Families
- ☐ Single Family Subdivision
- ☐ Townhouses

NON-RESIDENTIAL

- ☐ Agriculture
- ☐ Amusement, Recreational
- ☐ Church, Other Religious
- ☐ Convert Residence
- ☐ Daycare
- ☐ Hospital, Institutional
- ☐ Hotel, Motel, Dormitory
- ☐ Industrial
- ☐ Office, Bank, Professional
- ☐ Other _____
- ☐ Parking Garage
- ☐ Restaurant
- ☐ School, Library, Educational
- ☐ Service Station, Repair Garage
- ☐ Stores, Merchants
- ☐ Utilities

AREA

Land Area
_____
☐ square feet
☐ acres

Impervious Area
_____
☐ square feet
☐ acres

OFFICIAL USE ONLY

REQUIRED INSPECTIONS

- ☐ 3 Tree Barricade
- ☐ 17 Landscape
- ☐ 34 ADA
- ☐ 9 Final

TREE MITIGATION (Caliper Inches Required)

Live Oak _____
Non-Shade _____
Shade _____

TYPE OF PLANS

☐ Rolled ☐ Small
☐ Folded ☐ Other

STANDARD REQUIREMENTS

_____
_____
_____
_____
_____
_____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulated construction in this jurisdiction. **I understand that a separate permit must be secured for additional site work other than clearing if an Approved 10 set is not used for this Application.**

OWNER'S AFFIDAVIT – I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I will not occupy or use the referenced building, or any part thereof, until all inspections are finalized and prior to obtaining a Certificate of Occupancy or completion issued by the building official, as required by law.

OWNER or AGENT

(If Agent, Power of Attorney or Agency Letter Required)

Signed: _____ Date: _____/_____/_____
Before me this _____ day of _____
in the County of Duval, State of Florida, has personally appeared _____ herein by himself/herself and affirms all statements and declarations herein are true and accurate.

_____,
Notary Public at Large, State of _____, County of _____
Personally Known ☐ or Produced Identification ☐
ID Type _____

AGENCY APPROVALS

DEVELOPMENT SERVICES
10-Set Required? Yes ☐ No ☐
PLANNING (HISTORICAL)
JEDC
CONCURRENCY