



Permit # \_\_\_\_\_

# CHARLOTTE COUNTY TREE PERMIT APPLICATION

Select from the following:  Tree Preservation  Tree Removal Authorization  Memorandum of Exemption of Fees  No Tree Affidavit

Job Address: \_\_\_\_\_ Parcel ID \_\_\_\_\_

Lot Number: \_\_\_\_\_ Property Type: Residential \_\_\_\_ Commercial \_\_\_\_ Check all that apply: Individual Trees \_\_\_\_ Lot Clearing \_\_\_\_

Contractor or Owner/Builder: \_\_\_\_\_ Contractor License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**1. Tree Preservation: Will any trees be preserved on site? Yes \_\_\_\_ No \_\_\_\_**

I certify that \_\_\_\_ (number) of trees on the above-described property and indicated on the attached Tree Site Plan are to be preserved/protected as per the methods set forth in Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100.

**An approved barricade inspection must be obtained in order to receive credit for tree preservation. To request a barricade inspection, call (941) 743-1205. A final inspection may be conducted by staff to ensure compliance with all of the applicable permit conditions.**

**2. Tree Removal Authorization: Will any trees be removed from the site? Yes \_\_\_\_ No \_\_\_\_**

I request that \_\_\_\_ (number) trees on the above-described property and indicated on the attached Tree Site Plan are to be removed utilizing the Tree Removal Authorization and Exemptions as per Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. Non-exempt trees must be listed on the Tree Removal Fee Calculations form page 2. Indicate reason for removal:

\_\_\_\_\_  
\_\_\_\_\_

-----AND-----

**3. Memorandum of Exemption of Fees:**

I certify that \_\_\_\_ (number) trees requested to be removed above and indicated on the attached Tree Site Plan are exempt from removal fees as per the Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100.3(h). Indicate reason for removal:

\_\_\_\_\_  
\_\_\_\_\_

-----OR-----

**4. No Tree Affidavit: There are NO TREES CURRENTLY LOCATED ON SITE. (Use affidavit below)**

\_\_\_\_\_  
Signature of Applicant Printed Name of Applicant

State of Florida, County of \_\_\_\_\_ 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 who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
Signature of Notary Notary's Printed Name Commission Number

**Environmental Inspection\*:** \$ 55.00

\*Staff site review is cursory. Additional wildlife, wetlands, or environmental reviews may be required by state and federal agencies if protected species or wetlands are found onsite.

\*Required for all lot clearing applications. Property over 1 acre to be developed, a current protected species assessment and FLUCCS map must be provided.

**Single Family Residential Tree\*\*:** \$ 70.00

**Commercial /Multi-Family Tree\*\*:** \$ 80.00

\*\*Total # of caliper inches removed \_\_\_\_\_ x \$1.00 (Tree Removal Fee Calculations Page 2): \$ \_\_\_\_\_

**Total Fee: \$ \_\_\_\_\_**

I agree to assume full responsibility for the removal of said trees(s) and for compliance with all applicable County and State regulations regarding the proper disposal of brush and yard trimmings. Further, I will replace trees as required by the Charlotte County Code.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized County Official: \_\_\_\_\_ Date: \_\_\_\_\_



# Community Development



Zoning Division  
18400 Murdock Circle, Port Charlotte, FL 33948-1094  
Phone: (941) 743-1964  
Fax: (941) 743-1598  
www.charlottecountvfl.aov

## Tree Permit Application

### Affidavit of Applicant

I, the undersigned, being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owners of the majority of the property described and which is the subject matter of the proposed application; that all answers to the questions in this application, and all sketches, data and other supplementary matters attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the application may be considered, and that if I am not the owner of the property, I have attached a notarized authorization from the owner(s) to submit with this application.

State of \_\_\_\_\_, County of \_\_\_\_\_

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 who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Signature of Applicant (or Agent)

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Commission Number

### Property Owner's Consent

I, \_\_\_\_\_, property owner of \_\_\_\_\_  
(print name)

do hereby give \_\_\_\_\_ permission to file this application to allow the use of

this property for: \_\_\_\_\_.

State of \_\_\_\_\_, County of \_\_\_\_\_

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 who has produced \_\_\_\_\_ as identification and did/did not take an oath.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Commission Number



# Community Development Department

## Zoning Division

18400 Murdock Circle, Port Charlotte, FL 33948-1094

Phone: 941.743.1964 | 941.743.1230 | Fax: 941.743.1598

[PlanningZoning@CharlotteCountyFL.gov](mailto:PlanningZoning@CharlotteCountyFL.gov)

[www.CharlotteCountyFL.gov](http://www.CharlotteCountyFL.gov)

*"Delivering Exceptional Service"*

### **No Tree Removal Affidavit for Improvements (pools, additions, accessory structures, etc.) on an Occupied Residential Lot**

**(Note: If tree(s) need to be removed and/or lot clearing is required, please complete and submit a Tree Permit Application instead of this Affidavit)**

Owners Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Proposed Improvement: \_\_\_\_\_

The undersigned applicant, being first duly sworn, hereby deposes and says that I am the owner, attorney, attorney-in-fact, agent, contractor, lessee or representative of the owners of the majority of the property described above, and I attest to the fact that the above-described property does not require the removal of any trees (4 caliper inch or greater and/or installed for tree points) for the proposed accessory structure construction. I hereby declare, under penalty of perjury, under the laws of the State of Florida, that the foregoing statement is true and correct.

**State of \_\_\_\_\_, County of \_\_\_\_\_**

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 who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Address of Owner/Agent

\_\_\_\_\_  
Commission Number

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Phone Number