



**Application – Tree Removal  
(Individual Lots/Parcels Single Family or Duplex)**

This Application shall be used for shade and understory tree removals on undeveloped upland property. Be aware that a mitigation plan may be required during the review process.

Zoning approval of this Application does not authorize removals in wetlands, conservation areas or in wildlife areas. Contact Orange County Environmental Protection at (407) 836-1400 if such activity is proposed.

Zoning approval of this Application does not authorize use of heavy earth-moving equipment. Contact Orange County Development Engineering at (407) 836-7974 if such activity is proposed.

All Sections cited on this application are found in Ordinance 2001-19 (Sec. 15-276 thru Sec. 15-306 of the Orange County Code).

A Zoning review fee in the amount of \$121.00 is due at time of application. Be aware that if other departmental reviews are necessary, additional review fees will apply and will be due upon permit issuance.

Make checks payable to the ‘Board of County Commissioners’ or via Fast Track once your application has been submitted and entered into the system.

Include a Tree Survey of all Protected Trees 24” DBH and greater (per Section 15-304(c)) with this application.

Allow up to 14 days for a complete permit review.

The approved permit will be valid for 60 days from date of issuance.

You may submit online to [Arborist@ocfl.net](mailto:Arborist@ocfl.net) or via mail to 201 S. Rosalind Ave., 1<sup>st</sup> Floor Zoning Division, Orlando, FL 32801 - Attention: Arborist Section

**General Information:**

Owner’s Name: \_\_\_\_\_ Applicant’s Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Parcel ID#: \_\_\_\_\_

Owner’s Number: \_\_\_\_\_ Owner’s Email: \_\_\_\_\_

Owner’s Address: \_\_\_\_\_

Applicant’s Number: \_\_\_\_\_ Applicant’s Email: \_\_\_\_\_

Applicant’s Address: \_\_\_\_\_

**Project Information:**

Project Start Date: \_\_\_\_\_

Briefly Describe the reason for the removal:

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

Note: If the trees are not identified at time of the site inspection, the applicant will be required to file a new application and payment in order for another inspection to occur



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APPLICANT CERTIFICATION (Owner OR Applicant acting as Owner’s Representative)

**APPLICANT SIGNATURE**

I, the undersigned, have read this application and hereby attest that the above-referenced information is true and correct to the best of my knowledge and, during the pendency of this application, I understand my continuing obligation to notify Zoning staff, in writing, of the inaccuracy of any statement or representation which was incorrect when made or which becomes incorrect by virtue of changed circumstances.

Signature of Property Owner or Applicant: \_\_\_\_\_

Print Name and Title of Signatory: \_\_\_\_\_

Date: \_\_\_\_\_

**STATE OF FLORIDA**

**COUNTY OF \_\_\_\_\_**

The foregoing instrument was acknowledged before me, a Notary Public, by means of  physical presence or  online notarization this \_\_\_ day of \_\_\_\_, 20\_\_, by \_\_\_\_\_, as \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_, on behalf of said \_\_\_\_\_, who  is personally known to me or  has produced (type of identification) \_\_\_\_\_ as identification.

\_\_\_\_\_

Notary Public

Printed Name \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



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AGENT AUTHORIZATION FORM

I, \_\_\_\_\_, as the property owner of the property described below, hereby give my permission for \_\_\_\_\_, to act as my agent for the purpose of applying for individual tree removals on developed property in accordance with the requirements of the Orange County, Florida Code of Ordinances.

Parcel ID(s)# \_\_\_\_\_

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

Legal Description: \_\_\_\_\_

Signature of Property Owner

Date

Print Name and Title of Property Owner

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me, a Notary Public, by means of [ ] physical presence or [ ] online notarization this \_\_\_ day of \_\_\_\_, 20\_\_, by \_\_\_\_\_, as \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_, on behalf of said \_\_\_\_\_, who [ ] is personally known to me or [ ] has produced (type of identification) \_\_\_\_\_ as identification.

Notary Public

Printed Name \_\_\_\_\_

My Commission Expires: \_\_\_\_\_