



**Application – Tree Removal (Developed Property)**

This Application shall be used for individual tree removals on developed property only. Be aware that a mitigation plan may be required during the review process.

This Application shall also be used to review and establish if the requested tree removal or clearing activity is exempt per Section 15-278 and 15-279.

A Zoning review fee in the amount of \$80.00 is due at time of Application. Make checks payable to the ‘Board of County Commissioners’ or may pay online once the application is processed. If paying, online you will be sent an application number and will be able to pay online through Fast Track with that number.

If additional departmental reviews are deemed necessary by Zoning staff after their initial site visit, additional review fees will apply and will be due upon permit issuance.

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 In-Person, Fax (407) 836-9611, or online to [Arborist@ocfl.net](mailto:Arborist@ocfl.net).

**General Information:**

Owners 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:**

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

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

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

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



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

Briefly Describe the reason for the removal:

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Note: If the requested tree removal is associated with a Building or Zoning Division permit, please provide the permit number(s). The tree removal permit will not be issued until those permits are issued.

Building Permit Number: \_\_\_\_\_

Attach a site map indicating the location of trees slated for removal and complete the information below.

Species / # to be removed / Diameter(s) / Reason for removal:

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How will the tree(s) be slated for removal be identified for pre-inspection purposes?

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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 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: \_\_\_\_\_