



**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 Zoning@ocfl.net or via mail to 201 S. Rosalind Ave., 1st 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: _____