

City of Parkland

____ **Tree Removal**
____ House Plans on file

____ **Lot Clearing**

Permit Application

Date _____ Permit # _____
Legal Description Lot _____ Blk _____ Subdivision _____
Job Address _____ Parkland, FL Zip _____
Owner's Name _____
Owner's Address _____ City _____
State _____ Zip _____ Phone# (____) _____
Email _____

Contractor's Name _____
Contractor's Address _____ City _____
State _____ Zip _____ Phone # (____) _____

Application is hereby made to obtain a permit to do Tree Removal and/or Lot Clearing as indicated. I certify that Tree Removal and/or Lot Clearing has not commenced prior to issuance of a permit and that all work will be performed to meet the standards of all laws regulating such in the City of Parkland, Florida.

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 said activity.

Signature _____ Date _____
Owner or Agent
My Commission Expires _____

Description of Inspection Requested:

Inspector Notes: (Approval or Disapproval and Date)

	Quantity	Fee
Tree Removal	_____	\$ _____
Lot Clearing	_____	\$ _____

Please allow up to two (2) weeks for processing.