

CITY OF PARKLAND
DEVELOPMENT SERVICES DEPARTMENT
6600 University Drive
Parkland, Florida 33067
Office: (954) 753-5447 • Fax: (954) 753-8838
www.cityofparkland.org

TREE REMOVAL / LOT CLEARING PERMIT APPLICATION

_____ Tree Removal

_____ Lot Clearing

_____ House Permit #

Date _____ Permit # _____

Legal Description Lot _____ Block _____ 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.*

Owner Signature _____ Date _____

Notary Signature _____ Date _____

Description of Inspection Requested (Location of trees on lot):

Inspector Notes: (Approval or Disapproval and Date)

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

PLEASE ALLOW UP TO 2-3 WEEKS FOR PROCESSING