



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

## **TREE REMOVAL / EXOTIC REMOVAL CHECKLIST**

No person, organization, society, association or corporation or any agent or representative thereof, directly or indirectly, shall clear land, cut down, destroy, or move or effectively destroy through damaging any tree which has attained a caliper dimension of at least two (2) inches and is situated on property within the City of Parkland without first obtaining a permit. Ordinance No. 2015-05 regulates the clearing and removal of trees and establishes the minimum requirements for the landscaping of developed parcels and adjacent right-of-way. ([ORDINANCE NO. 2015-05](#))

The following items and/or information must be included within the permit application in order to obtain approval":

1. Application shall be accompanied by a written statement indicating the reasons for clearing land, removal, relocation or replacement of trees.
2. 1 copy of a legible site plan
3. Location of all existing or proposed structures and site uses, property dimensions and referenced to property lines, setback, and yard requirements.
4. Existing and proposed site elevation, where any fill or excavation around trees is required.
5. If the application is being requested for an existing single-family residence within a Homeowners Association (HOA) ruled community, the applicant must submit an approval letter from the HOA along with the City Tree Removal Application, HOA approval will not constitute City approval.
6. For a listing of approved plants and trees, please refer to [FLORIDA-FRIENDLY LANDSCAPING](#).



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**TREE REMOVAL / EXOTIC REMOVAL PERMIT APPLICATION**

Tree Removal

Exotic Removal

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

Permit # if applicable: \_\_\_\_\_

Job Address: \_\_\_\_\_

Gate Code: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Removal: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**NOTICE TO OWNER:** Once issued, a final Landscape inspection must be completed for this permit.

**OWNER'S AFFADAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

Pursuant to Section 117.05(13)(a), Florida Statutes, the following notarial certificate is sufficient for an oath or affirmation:

**STATE OF FLORIDA  
COUNTY OF BROWARD**

Sworn to (or affirmed) and subscribed before me by means of  physical presence this ( ) day of ( ), ( ), by ( ).

(NOTARY SEAL)

Name of Notary Typed, Printed, or Stamped) \_\_\_\_\_ Notary Signature \_\_\_\_\_  
Personally Known \_\_\_ OR Produced Identification \_\_\_ Type of Identification Produced \_\_\_\_\_



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**Tree Removal – Exotic Removal- Inspector / Reviewer’s Comments**

Permit #: \_\_\_\_\_

Inspectors / Reviewer Comments: \_\_\_\_\_  
\_\_\_\_\_

Approval: \_\_\_\_\_

Disapproval: \_\_\_\_\_

Fees: \_\_\_\_\_

Inspector / Reviewer’s Name: \_\_\_\_\_

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

Inspectors / Reviewers Comments: \_\_\_\_\_  
\_\_\_\_\_

Approval: \_\_\_\_\_

Disapproval: \_\_\_\_\_

Fees: \_\_\_\_\_

Inspector / Reviewer’s Name: \_\_\_\_\_

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

Inspectors / Reviewers Comments: \_\_\_\_\_  
\_\_\_\_\_

Approval: \_\_\_\_\_

Disapproval: \_\_\_\_\_

Fees: \_\_\_\_\_

Inspector / Reviewer’s Name: \_\_\_\_\_

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