CITY OF MARGATE
Dept. of Environmental & Engineering Services
901 N.W. 66th Avenue, Suite A
Margate, FL 33063
Phone: (954) 972-0828
Fax: (954) 978-7349

Permit Number: _____

Permit Issue Date: _____

TREE REMOVAL & RELOCATION PERMIT APPLICATION

Date of Application:		Reason(s) for Removal or Relocation:
Owner's Name:		
Owner's Address:		
City:	Phone:	
E-Mail:		
Contractor (If Applicable):		
Mailing Address:		
City:	Phone:	
Job Address:		
Subdivision/Community Name:		
Parcel No. (If No Address)		

Present Use (Non-Residential Property Only):
Proposed Use (Non-Residential Property Only):
Number & Species of Trees to be Relocated:
Number & Species of Trees to be Removed:
Attach map or sketch showing proposed activities; at minimum show property lines, buildings, and tree locations

***** For City Use Only *****	
Lot Size:	Fee:
Approval Conditions:	

Application is hereby made to obtain a permit to do the work and installations as indicated, under Chapter 23, Chapter 35, and Appendix A of the Code of Ordinances of the City of Margate, Florida. I certify that no work or installation has been effected prior to the issuance of said permit and that all work will be performed to meet the standards of all laws in the City of Margate, whether specified in this application and accompanying plans or not.

OWNER'S AFFIDAVIT: I certify that all work will be done to comply with all Federal State, County and Local laws, rules regulations and resolutions regulating construction and zoning, and further state that no violation exists on this property.

TREE PERMIT VALID FOR 6 MONTHS (180 DAYS)

	Approved	Date	Disapproved	Date
Plan Review				
Courtesy Inspection				
Final Inspection				

Signature: _____Date:_____

(check one) ☐ Owner ☐ Contractor

Contractor Certificate of Competency No. _____

Contractor Broward County Tree Trimmer Lic. No. _____

This permit does not become valid until signed by an authorized representative of the City of Margate Dept. of Environmental & Engineering Services and all fees are paid and receipt acknowledged in the space provided.

Application approved by:_____ Date:_____
Permit Officer

Inspector's Notes

*****For City Use Only*****

☐ Contractor License & Insurance ☐ HOA Approval (If Applicable)

Fee Paid: $ Date: Rec'd by:

Approved as to form
Douglas R. Gonzales, City Attorney
2016.29