



TREE PERMIT EXTENSION REQUEST

Please Print All information EXCEPT Signature

Date of Request: _____ Permit Number: _____

To: City of Margate, Department of Environmental and Engineering Services

I, _____ request that a tree replacement(s) for permit number _____ located at _____ be extended for an additional _____ days, due to

Signature of Requestor

Contact Phone Number: _____ Contact Email Address: _____

OFFICE USE ONLY

Permit Number: _____ Number of Replacement(s): _____ Category: _____

Original Replacement Date: _____ Number of Days to Extend: _____

NEW Replacement Date: _____ Attach to tree permit _____

Approved by: _____ Tree log updated _____

Comments: _____

