



CORAL SPRINGS

EVERYTHING UNDER THE SUN

RESIDENTIAL TREE REMOVAL PERMIT APPLICATION

Permit Number: _____ Approved: _____ Date: _____

Property Information

Name of Property Owner: _____

Property Address: _____

Property Subdivision: _____

Home Phone Number: _____ Cell: _____

Email Address: _____

A **property survey, site plan, or sketch must be submitted** showing the location of the proposed removals/replacements. Briefly describe the reason for the removal of tree. HOA approval **must be submitted** with application.

Species	Tree Information	Diameter 4.5ft above ground
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- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Reason for removal: _____

Official Use Only: Approval with Conditions

I understand that this is an application for tree removal and that the application must be reviewed and approved prior to any removal taking place. I also understand that a final landscape inspection is required when work is completed and if I do not plant appropriate replacements within 180 days of removal I may be in violation of the City of Coral Springs minimum landscape requirements and subject to enforcement **action**.

****Homeowners Association approval maybe required****

Signature of Property Owner

Date

When all work is complete call (954)-344-1025 to schedule final inspection to close out your permit