

## **Permit Application Fee \$50.00**

**Questions: Parks and Recreation** 

Phone: 863-834-2233

elvis.zelaya@lakelandgov.net stacy.smith@lakelandgov.net

TREE\_\_ -

Permit Office Address: City Hall-1st Floor

228 S. Massachusetts Ave Lakeland, FL 33801 Phone (863) 834-6012

buildinginspection@lakelandgov.net

863.834.6000		bullallightsp	cction@iakcianagov.ncc
Property Owner's Information			
Name:	Daytime Phone Numbe	r	
	Saytime 1 Hone Nambe		Zip code
e-mail:	City		
Project/Contractor Information			
,			
Name:	Daytime Phone Numbe	r	
	City		
.1			
Tree Location Information			
Address:			
Check one: Residential	Multi-family Residential	Comme	ercial
Description of Proposed Work:			
	to be Removed:		
Reason for Removal: Dead, Diseased	, Damaged, Construction, Other		
Application is hereby made for a tree removal permit	t to perform the work as briefly described above and in cons	ideration of the issuance	of such permit, I agree that
the work will be completed as referenced in all appli	icable approved plans and in accordance with the City of Lak	celand Land Developmen	t Code and all other
ordinances of the City of Lakeland and laws of the Sta	ate of Florida applicable thereto. It is understood that any de	eviation from the informa	ation contained herein,
unless approved by the permitting authority, will ren	nder this permit null and void. I hereby certify that the inform	nation set forth above is t	true and correct and that
I am the property owner or lessee, or acting as the ag	gent of either and have been authorized by them to make th	is application.	
Applicant's Signature:		Date:	
Company Name:		Telephon	e:
Company Address:			
Approved Disapproved		Penalty: Yes	
City Of Lakeland Landscape Inspector	r:	Date:	
Replacement Trees Required:			
Inspector's Comments:			
Replacements must be Fl. # 1 Grade,	8' Ht., 1" Caliper, min. Size A, B, or C from	n table 4.5 Qualifi	ied Trees
Trees must be planted within 30 days	s from date of application.		
		Call (863) 834-22	33 for final inspection.

Penalty:\_\_\_\_\_\_
Permit Fee:\_\_\_\_\_\_

Total Due: