



Town of Melbourne Beach
507 Ocean Avenue, Melbourne Beach, Fl 32951
Office: 724-5860 FAX: 984-8994
Tree Removal Application
 Effective Code
Town of Melbourne Beach Code of Ordinance
9A-3

Date: _____

Permit Number: _____

Type of Work: Remove and Dispose of _____ ↑ Trees.

9A-4. PERMIT REQUIRED FOR CUTTING DOWN TREE. –

No person, organization, society, association or corporation, or any agent or representative thereof, directly or indirectly, shall cut down, destroy, remove, move or effectively destroy through damaging any tree situated on property in any zoning district without first obtaining a permit as herein provided.

Lot: _____ **Block:** _____ **Subdivision:** _____

Describe the work to be done: _____

Estimated Job Value: _____

Job Name: _____

Address: _____ Zip Code _____

Owners Name: _____ Phone: _____

Address: _____ Zip Code _____

Contracting Firm: _____ Phone _____

Address: _____ Zip Code _____

Approved Disapproved
 Public Works Director _____ Date: _____

Approved Disapproved
 Building Official _____ Date: _____

Notice: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county or that may be required from other governmental entities such as water management district, state agencies or federal agencies.

APPLICANT'S AFFIDAVIT

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT

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.

Signature of Owner or Agent

Contractor

Date: _____

Date: _____

STATE OF FLORIDA
COUNTY OF BREVARD

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was
Acknowledged before me this _____
Day of _____, 20____ by

The foregoing instrument was
Acknowledged before me this _____
Day of _____, 20____ by

who is personally known to me or
produced _____
as identification.

who is personally known to me or
produced _____

Notary Public Signature

Notary Public Signature

Print Name

Print Name

Notary Stamp

Notary Stamp