



**Planning & Zoning Department**

12300 Forest Hill Blvd., Wellington, FL 33414 (561) 791-4000 pzapplications@wellingtonfl.gov

**STAFF USE ONLY**

VRP #: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

## Tree/Vegetation Removal Application

Fee: \$ 75 (Single family and multifamily up to 4 units) \$150 + \$25 per acre (Non-residential and multifamily more than 4 units)

**PROPERTY OWNER/AGENT INFORMATION**

Property address where trees are to be removed: \_\_\_\_\_

Property Control Number (PCN): If additional PCN's, list on a separate sheet and attach to the application.

PCN: [ ] [ ] -- [ ] [ ] -- [ ] [ ] -- [ ] [ ] -- [ ] [ ] -- [ ] [ ] -- [ ] [ ] [ ] [ ] [ ] [ ]

Property Owner(s) of Record \_\_\_\_\_ Subdivision \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner's E-Mail Address: \_\_\_\_\_

Agent/Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Agent's E-Mail Address: \_\_\_\_\_

**TREE INVENTORY**

Total Number of Trees on the Property: \_\_\_\_\_ Total Number of Tree(s) to be Removed: \_\_\_\_\_

Types of Trees to be Removed: \_\_\_\_\_

Dead, Invasive or Prohibited Trees: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Number of Trees: \_\_\_\_\_

Justification—Please explain why the trees are to be removed: \_\_\_\_\_

The tree(s) to be removed shall be tagged on-site (with ribbon/flag/mark) and attach a survey/drawing of the property showing the location of tree(s) to remain using an O symbol and an X symbol for the tree(s) to be removed.

**OWNER/APPLICANT ACKNOWLEDGEMENT**

I/We do hereby swear/affirm that I/we am/are the owner(s) of the property referenced in this application. I/We as the owner(s)/agent certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that this application, attachments and fee become part of the official record of the Planning & Zoning Department of Wellington and the fee is non-refundable. I/We further consent to Wellington to publish, copy or reproduce any copyrighted document for any third party submitted with this application. I/We understand that any knowingly false information given by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. I/We further, acknowledge that additional information may be required by Wellington in order to process this application. I/We agree to pay the filing fee, unless the tree(s) to be removed are/is dead, diseased or invasive (per FLEPPC's 2017 Category 1 invasive species list). I/we consent to Wellington inspection of the subject property pertaining to request described in the attached application.

I/We, the aforementioned owner(s), do hereby give consent to (Agent/Company Name) \_\_\_\_\_ to act on my/our behalf to submit this application, all required material and documents, and attend meetings and represent me/us pertaining to the request(s) described in the attached application. Furthermore, as owner(s) of the subject property, I/we hereby agree to and give consent to the party designated above to agree to all terms or conditions that may arise as part of the approval of this application for the proposed request.

Print Name(s) of Property Owner(s) \_\_\_\_\_

Signature(s) of Property Owner(s) \_\_\_\_\_

Print Name(s) of Agent(s) \_\_\_\_\_

Signature(s) of Agent(s) \_\_\_\_\_