



Date Completed: _____

PERMIT # _____

**APPLICATION FOR:
HERITAGE TREE REMOVAL**

City Development Manager: George Curtis

Mail: City of Live Oak - 101 White Ave. S.E. - Live Oak, FL 32064

Office: City Hall - 101 White Ave. S.E. - Live Oak, FL 32064

Phone: 386.362.2276 ofc. - 386.330.6507 fax

Date Stamp:

- **Submit to the office of the Development Manager**

APPLICATION FEE DUE OF \$25.00

DATE PAID: _____

RECEIPT #: _____

THIS SECTION TO BE COMPLETED BY APPLICANT

- 1) **Title Holder/ Property Owner Information** (Considered applicant unless a representative is named.)

Name: _____ Phone: _____

Mailing Address: _____

Do any other persons have any ownership/ interest in the subject property? Yes ___ No ___

If YES, please list such persons or attach additional sheets as needed.

Name: _____ Phone: _____

Mailing Address: _____

- 2) **Representative - Contractor / Applicant Information** (If different from owner, must be submitted with a letter of authorization by property owner.)

Name: _____ Phone: _____

Mailing Address: _____

- 3) **Property Information Location and Use:**

All / Part (*Circle One*) of Tax Parcel Number: _____

General Job Address Location Description or 911 Address:

Legal Description (Please give Lot #, Block, Sub-division):

Please provide a copy of the Property Tax Card & a Copy of the Deed of Record showing ownership and the Legal Description. If a survey is available, please also submit a copy of that.

Acreeage/Size of Property (use fractions thereof if applies): _____

Present Use: _____

Intended Use: _____

(Commercial, Industrial, Residential, Agricultural, Undeveloped, Vacant Building, etc.)

Cont. on next page ->

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Current Zoning: _____ Future Land Use Plan Map Category: _____

Does any portion of the property flood after heavy rains or is any portion of the property in a Flood Prone Area or Flood Zone? YES NO

Number of trees proposed to be removed? _____

- **Trees must be marked by Applicant with pink or yellow survey tape prior to inspection.**

Size of Trees (DBH): (1)_____ (2)_____ (3)_____ (DBH) =
 (4)_____ (5)_____ (6)_____ **Diameter Breast Height**
@ 4.5 feet above ground level.

Reason for proposed removal: _____

- **If requested removal is due to alleged disease, damage, or danger, etc. – applicant must provide with application - a written letter on company letterhead by a certified tree arborist (include tree certification documentation) as to the professional assessment of the tree condition and what options are available or recommendations to remedy the problem – trimming back, removal, etc.**

I (we) do hereby certify that to the best of my (our) knowledge and belief, that all of the above statements and information, and the statements contained in any papers or plans submitted herewith, are true and correct. I authorize the Building Official, Fire Chief, Public Works Director or City Development Manager or his designee to enter and inspect the site and premises which is the subject of this application, and to post a “Public Hearing” sign at the location. **Signs must be displayed for at least 10 days before the Council can consider the request.** Hearing will be the month following application month.

Signature of Title Holder or Applicant

Date

Signature of Title Holder or Applicant

Date

OFFICIAL CITY OF LIVE OAK USE ONLY

DATE CONSIDERED BY CITY COUNCIL:

CONDITIONS REQUIRED BY CITY COUNCIL:

ACTION TAKEN BY CITY COUNCIL:

DATE OF INITIAL INSPECTION: _____ PHOTO DOCUMENTATION MADE: _____

DATE OF RE-INSPECTION OR TO VERIFY CONDITIONS MET: _____

CITY OFFICIAL: _____