

FOR DEPARTMENT USE ONLY	
Date Received:	Application Number:
Received by:	

TREE PERMIT APPLICATION

APPLICATION TYPE: ☒ Removal ☐ Relocation ☐ Removal & Relocation ☐ Modification ☐ Extension

AFTER-THE-FACT: ☐ Yes ☒ No

Application must be filled out in its entirety. Please indicate "N/A" for Non-Applicable fields.

APPLICANT/PROPERTY OWNER <i>If Tenant is applying, Property Owner's Signature is required for application acceptance.</i>			APPLICANT'S AUTHORIZED PERMIT AGENT/TENANT <i>The name and contact information for the Agent that is authorized by the owner to process the application, furnish supplemental information relating to the application and bind the applicant to all requirements of application/permit document.</i>		
Name			Name		
Address		Suite	Address		Suite
City	State	Zip Code	City	State	Zip Code
E-Mail Address			E-Mail Address		
Daytime phone		Cell Phone	Daytime phone		Cell Phone

1. SITE LOCATION AND DESCRIPTION WHERE THE PROPOSED ACTIVITY EXISTS OR WILL OCCUR:

Folio #(s): 02-3203-001-0940

Site Address: 1600 CLEVELAND RD, MIAMI BEACH, FL 33141

Does intended use of property require re-zoning or plat? ☐ Yes ☒ No

City: MIAMI BEACH

2. CURRENT USE/LOCATION OF TREES (CHECK ALL THAT APPLY):

☒ Single Family ☐ Multi-Family ☐ Commercial ☐ Business ☐ Swale/Right-of-Way

3. WORK DESCRIPTION:

Building permit process number (If Applicable): _____ Number

and type of tree(s) to be removed, or relocated. Include trees affected by improper trimming or removed without a permit:

(15) 21" DBH BLACK OLIVE TREE. NO AFTER THE FACT WORK

Location of the tree(s) stated above: NORTH SIDE YARD

Reason for permit request: ARBORIST AGREED THERE WOULD BE CONFLICT WITH NEW DEVELOPMENT, OWNER

REQUESTED REMOVAL. MITIGATION TREES PROVIDED ON SITE

Attachments (check all that apply): (e.g. site sketch, plans etc.):

☐ Site Sketch ☐ Plans ☐ Photographs ☒ Arborist Assessment ☒ Tree Survey ☐ Other: _____

4. IMPORTANT NOTICE TO APPLICANT:

The written consent of the Property Owner is required for all applications to be considered complete. Your application WILL NOT BE PROCESSED unless the Property Owner consent portion of the application is completed below. You have the obligation to notify the Department in writing of any changes to information provided in this application.

Application is hereby made for a City of Miami Beach tree permit to authorize the activities described herein. I agree to or affirm the following:

- I possess the authority to authorize the proposed activities at the subject property, and
- I am familiar with the information, data and plans contained in this application, and
- To the best of my knowledge and belief, the information, data and plans submitted are true, complete and accurate, and
- I am authorizing the Applicant's Authorized Permit Agent, listed on page 1 of this application, to process the application, furnish supplemental information, and bind the property owner(s) to all requirements of this application/permit document, and
- I agree to provide access and allow entry to the project site to inspectors and authorized representatives of the City of Miami Beach for the purpose of making the preliminary analyses of the site and to monitor permitted activities and adherence to all permit conditions.

AUTHORIZED AGENT/JOINT VENTURE: Under the penalty of perjury, I certify that I have the authority to sign this application/permit document on behalf of the Property Owner, to bind the Property Owner, and if so required to authorize the issuance of a bond on behalf of the Property Owner. (If asked, you must provide proof of such authority to the Department).

***** PLEASE NOTE:** If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages. ***

5. WRITTEN CONSENT OF THE PROPERTY OWNER FOR THE PROPOSED WORK LOCATION:

I/We are the fee simple owner(s) of the real property located at 1600 CLEVELAND RD, Miami Beach, Florida, otherwise identified in the public records of Miami-Dade County as Folio No(s). 02-3203-001-0940. I/we am/are aware and familiar with the contents of this application for a City of Miami Beach tree permit to perform the work on the subject property, as described in this application. I/we hereby consent to the work described in this tree permit application.

- ☐ Individual Property Owner
- ☐ Tenant (Requires Property Owner's Signature)
- ☐ Authorized Representative
- ☐ Joint Venture (Each party must sign below. If more than two members, list on additional signature page)

Print Name Signature Date

Print Name Signature Date

Print Name of Applicant (Enter the complete name as registered) Type (Corp, LLC, LLP, etc.) State of Registration/Incorporation

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ (name of person) as property owner (set forth with this Tree Permit Application).

- ☐ Personally Known
- ☐ Produced Identification – Type of Identification _____

Signature of Notary Public (SEAL)

PLEASE REVIEW ABOVE

Appropriate signature(s) must be included in Section 5 (Property Owner or other Applicant)

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Tree Permit Application Additional Signatures Page (Please attach to Tree Permit Application if Needed)

Folio #(s): 02-3203-001-0940

Site Address: 1600 CLEVELAND RD, MIAMI BEACH, FL 33141

1. PROPERTY OWNER IS AN INDIVIDUAL

Signature of Property Owner _____ Print Property Owner's Name _____ Date _____

Signature of Property Owner _____ Print Property Owner's Name _____ Date _____

2. IF THE PROPERTY OWNER IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON

(Examples: Corporation, Partnership, Trust, LLC, LLP, etc.)

Print Name of Property Owner (Enter the complete name as registered) _____ Type (Corp, LLC, LLP, etc.) _____ State of Registration/Incorporation _____

Under the penalty of perjury, I certify that I have the authority to sign this application/permit document on behalf of the Property Owner, to bind the Property Owner, and if so required to authorize the issuance of a bond on behalf of the Property Owner. (If asked, you must provide proof of such authority to the Department). ***Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages. ***

Signature _____ Print Name _____ Title _____ Date _____

Signature _____ Print Name _____ Title _____ Date _____

Signature _____ Print Name _____ Title _____ Date _____

Signature _____ Print Name _____ Title _____ Date _____

Signature _____ Print Name _____ Title _____ Date _____

Signature _____ Print Name _____ Title _____ Date _____

Signature _____ Print Name _____ Title _____ Date _____