



**CITY OF FORT PIERCE CITY CLERK DEPARTMENT**  
 100 N. US #1, Fort Pierce, Florida 34950  
 Phone: (772) 460-2200 ext. 371, 372 Fax: (772) 489-4142

**TREE REMOVAL APPLICATION**  
**Section 22-179**

Fee: \$25.00

Receipt #: \_\_\_\_\_

Owner/Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Location of project: \_\_\_\_\_

Legal Description or Tax ID # \_\_\_\_\_

Parcel Size: (acres / sq. ft.) \_\_\_\_\_

Date work is to begin: \_\_\_\_\_ Date work is to be completed: \_\_\_\_\_

Description of vegetation removal activity: \_\_\_\_\_

Purpose of tree removal: \_\_\_\_\_

Proposed Use:      Single-family/Duplex [  ]      Commercial/Industrial [  ]      Public [  ]

**CONTRACTOR INFORMATION:**

State Certification # \_\_\_\_\_ City Certification. # \_\_\_\_\_

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_

I certify that I am the owner of the above described property or authorized agent of the owner. I certify that all information submitted with this application is true and complete to the best of my knowledge.

**STATE OF FLORIDA**  
**ST. LUCIE COUNTY**  
 The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2001

\_\_\_\_\_  
 Owner/Applicant Signature

\_\_\_\_\_  
 Notary Public

I.D.: \_\_\_\_\_

Approved [  ]      Denied [  ]      Permit #: \_\_\_\_\_

Conditions: \_\_\_\_\_  
 Inspector: \_\_\_\_\_ Date: \_\_\_\_\_  
 Site Inspection: \_\_\_\_\_ Date: \_\_\_\_\_  
 Final Inspection: \_\_\_\_\_ Date: \_\_\_\_\_