



TREE REMOVAL AND LAND CLEARING APPLICATION

Community Services Department
Planning and Zoning Division
65 Stone Street
Cocoa, Florida 32922

Phone: (321) 433-8535
Fax: (321) 433-8543
Web: <http://www.cocoafl.org>

For Office Use Only - Date Received

Stamp Only When Application is Fully Complete

Please TYPE or PRINT this application neatly.

1. Type of Application:

Tree removal.

Land clearing.

2. Applicant Information:

** NOTE: Applicant is the main contact!*

Company (if applicable): _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Mobile #: _____ E-mail: _____

3. Property Owner Information:

** Check here if same as Applicant →*

** If more than one owner, attach additional sheet with names and addresses.*

Company (if applicable): _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Mobile #: _____ E-mail: _____

4. Property Information:

Street Address: _____

Parcel ID: _____ * If more than one Parcel ID, attach additional sheet with Parcel IDs.

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Tax Account Numbers: _____ * If more than one Tax Account #, attach additional sheet with Tax Account #s.

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5. Please submit the following items in order complete the application:

- a. **Notarized application.**
- b. **Proof of ownership.** A copy of the most recent recorded warranty deed is required.
- c. **Corporate documents.** If the applicant is representing a company, articles of incorporation which show the applicant is authorized to represent the company is required. A data record printout from the Florida Department of State, Division of Corporations website may also be provided (<http://www.sunbiz.org/corpweb/inquiry/search.html>).
- d. **Property Owner Authorization.** If the applicant is not the property owner, then the property owner will need to provide authorization for the request by signing below (See #6 below).
- e. **If this is a tree removal request:** Submit a current survey or plot plan showing the location of all existing structures, the location, species of tree and diameter of each tree to be removed, and a tree replacement plan for all trees required by code to be replaced.
- f. **If this application is a land clearing request:** Provide the site plan number or other development order related to this land clearing request and submit a certified survey (or accurately scaled drawing) showing the limits of clearing, the purpose of clearing, protective barriers, and the square footage of land being cleared.
- g. **Additional information (optional).** Submit any additional information (such as photos) that may be helpful in understanding the request.

6. Property Owner Authorization. _____ * Check here if same as Applicant →

I am the fee simple owner (or legal representative) of the property at: _____ and I hereby authorize the applicant to submit this Tree Removal / Land Clearing Application regarding my property described above.

(PRINT OWNER NAME)

(OWNER SIGNATURE)

Personally Known OR Produced Identification

Type of I.D. Produced _____

(NOTARY PUBLIC SIGNATURE)

(Print, Type, or Stamp Commissioned Name of Notary Public)

STATE OF FLORIDA, COUNTY OF BREVARD

Sworn and subscribed to before me this _____ day of _____, 20 _____

7. Applicant Signature.

(PRINT APPLICANT NAME)

(APPLICANT SIGNATURE)

Personally Known OR Produced Identification

Type of I.D. Produced _____

(NOTARY PUBLIC SIGNATURE)

(Print, Type, or Stamp Commissioned Name of Notary Public)

STATE OF FLORIDA, COUNTY OF BREVARD

Sworn and subscribed to before me this _____ day of _____, 20 _____

FOR OFFICE USE ONLY

Fee of \$ _____ in cash or check (No. _____) payable to the "City of Cocoa".

Receipt Number: _____

Date: _____

Signature from Planning & Zoning Division:
