ARBOR APPLICATION



PERMIT MUST BE POSTED ON THE JOBSITE

Property Owner:	Pnone:		
Address:	Email:		
*	contractor is hired to perform tree removal(s). The contractor will be permit and compliance with all codes and requirements of the City.		
Licensed Arbor Contractor:	Phone:		
Email:	Fax:		
Address:	Gen.Liability Expiration Date:		
City Arbor License #:	Workman's Comp. Expiration Date:		
• • •	Development (acres) - # of Trees To Be Cut (acres) Arbor Waiver (check mark then go to Section 2)		
SECTION 1 (ARBO	OR PERMIT)		
1. Trees located 2. Trees within 3. Trees that are 4. Trees that are 5. Trees severel 6. Trees that int	te trees to be cut fit into one of the following categories as checked: I on building and construction sites, and to be replaced ten feet of proposed or existing structures and to be replaced e approved by City Forester to be replaced elsewhere on the property e exotic invasive species (EPPC # 1) by diseased, or severely injured, or dead erfere with provision of public utility installations of the following categories as checked: I on building and construction sites, and to be replaced ten feet of proposed or existing structures and to be replaced experienced.		
• Applicant <u>must</u> relation to the sit	provide a separate drawing showing the trees to be removed in te.		
to City of Winter Springs damaged, I will restore it Arborist to enter my prope(initial) I certify th	eknowledge that the above information is correct and agree to conform zoning regulations and building codes. I agree if any public property is to the original condition. I agree that this application allows the City erty for the purposes of inspection. at any replacement plants will be installed within 30 days from the date ill be responsible for arranging reinspections, if required.		

NOTE: All lot addresses must be marked so as to be easily identified. For undeveloped lots, the lot lines and construction pad must be clearly staked. For land clearing or undeveloped lots, a survey of all trees 4" caliper and above must be submitted. Indicate preventive measures used to protect existing trees during construction. If an appointment must be scheduled for inspection due to limited access (fence, dogs, etc.), please call 407-327-1800 x327.

SECTION 2 (ARBOR WAIVER)

and/or necess any pu	(Initial) I certify that no trees nee use damage to the trees. If any dama tree replanting. If it becomes evide ary to remove a tree, I will, at that tindblic property is damaged, I will restort to the certification was application was	nge occurs, I will be held respond that there might be done, obtain the proper arbor peopre the property to the condition	consible for replacement amage, or if it becomes rmit. I also agree that if
Measu	res to protect existing trees during	the execution of the permitt	ed activity:
mitigatio documen	dersigned is aware the City of Winter Springs on for the pruning, trimming, or removal of a ntation from an arborist certified by the Inter t that the tree presents a danger to persons of	tree on the residential property if the national Society of Arboriculture or a	e property owner obtains
Applican	t:	_ Signature:	
• •	(please print)	(must be sign	ned for Section 1 or 2)
spe pla sur	trees, whether for replacement or installative designated by the Exotic Pest Plant Contings. Acceptable replacement plants are livive for at least one full year or be replanted nter Springs is designated "TREE CITY USA"	Council as exotic and invasive may sted in the Arbor Ordinance # 2003	not be used as replacement -22. All planted trees MUST
<u>City Coo</u> <u>5.4 (e)</u>	Contactor License Required; Contractor Obtain or pruning shall be licensed by the City on an application prepared by the City and paying the name, address, and telephone number of the coliability and workers' compensation insurance. tree removal or pruning within the City of Winte unlawful for any such person or entity to fail to this Chapter.	annual basis. Licenses may be obtained required license fee. The license application tractor and a copy of the contractor's of It shall be unlawful for any person or ear Springs without a license required under	from the City by completing an on shall contain at a minimum the occupational license and proof of tity to engage in the business of er this subsection. It shall also be
	Please call 407-3	27-8957 with any questions.	
	THIS SECTION FO	OR OFFICIAL USE	ONLY
APPRO	OVED WITH THE FOLLOWING C	ONDITIONS:	
CITY	ARBORIST	DATE	
ARBO	OR PERMIT NUMBER	PERMIT FEI	E \$
	ACEMENT CREDITS DUE:		
REINS	SPECTION REQUIRED: YES (within 30 days) NO	Rev. 7/11/19