



City of Stuart
121 SW Flagler Ave.
Stuart, FL 34994
development@ci.stuart.fl.us
(772) 288-5326

Received by: _____

Reviewed by: _____

Tree / Vegetation Removal Application

Project ID# _____
(Staff Entry)

Parcel ID#:	
Zoning District / CRA Subdistrict (if applicable):	
Street Address:	
Contact:	
Phone:	Fax:

Property Owner (if different from above):	
Name:	
Street Address:	
Phone:	Fax:

Submittal Requirements (three sets of all documents)		
Residential: _____	Commercial: _____	
Tree Removal: _____	Exotic Vegetation Removal: _____	Mangrove Alteration: _____
Tree Removal Required Information:		
Type of tree: _____		
DHB (diameter of tree at breast height): _____		
Reason for alteration or removal: _____		
Is permit requested in conjunction with another development permit: Yes: _____ No: _____		
If yes, Permit #: _____		

Contractor Details (if not owner builder)	
Company Name:	
Street Address:	
Phone:	Fax:
City of Stuart Competency #:	Qualifier:

State of Florida License #:	Email:
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<u>PROTECTED TREE SPECIES AND CRITERIA</u>	<u>CITY OF STUART TREE LIST</u>																																								
<p>Specimen Trees are:</p> <ul style="list-style-type: none"> ➤ Unless otherwise noted, all trees on the City Tree List which have reached a DBH of not less than 4.5 inches; ➤ Slash Pine Trees which have reached a DBH of not less than 8 inches; ➤ All trees on the City Flowering Tree List which have achieved a DBH of not less than 6 inches; and ➤ Any other tree that has achieved a DBH of not less than 10 inches or twenty-five percent (25%) of the DBH of the Florida Champion of the species as identified in <i>Big Trees – the Florida Register</i> published by the Florida Native Plant Society, 1997, as amended. <p>Historic Trees are those that have achieved fifty percent (50%) or more of the DBH of the Florida Champion of the spec Mangrove Protection. The Florida Mangrove Trimming and Preservation Act applies to lands within the City. The City will monitor mangrove alteration projects. Prior to initiating any mangrove trimming or alteration within the City limits, landowners shall provide the City Development Department with a copy of an approved mangrove trimming permit or mangrove alteration permit from the Florida Department of Environmental Protection.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>American Holly</td><td>(<i>Ilex opaca</i>)</td></tr> <tr><td>Bald Cypress</td><td>(<i>Taxodium distichum</i>)</td></tr> <tr><td>Banyan Tree</td><td>(<i>Ficus benghalensis</i>)</td></tr> <tr><td>Dahoon Holly</td><td>(<i>Ilex cassine</i>)</td></tr> <tr><td>Gumbo Limbo</td><td>(<i>Bursera simaruba</i>)</td></tr> <tr><td>Hickory</td><td>(<i>Carya ashei</i>)</td></tr> <tr><td>Laurel Oak</td><td>(<i>Quercus laurifolia</i>)</td></tr> <tr><td>Live Oak</td><td>(<i>Quercus virginiana</i>)</td></tr> <tr><td>Loblolly Bay</td><td>(<i>Gordonia lasianthus</i>)</td></tr> <tr><td>Mahogany</td><td>(<i>Swietenia mahogani</i>)</td></tr> <tr><td>Red Bay</td><td>(<i>Persea borbonia</i>)</td></tr> <tr><td>Red Maple</td><td>(<i>Acer rubrum</i>)</td></tr> <tr><td>Sand Pine</td><td>(<i>Pinus clausa</i>)</td></tr> <tr><td>Slash Pine</td><td>(<i>Pinus elliottii var. densa</i>)</td></tr> <tr><td>Southern Magnolia</td><td>(<i>Magnolia grandiflora</i>)</td></tr> <tr><td>Southern Red Cedar</td><td>(<i>Juniperus silicicola</i>)</td></tr> <tr><td>Strangler Fig</td><td>(<i>Ficus aurea</i>)</td></tr> <tr><td>Sweet Bay</td><td>(<i>Magnolia virginia</i>)</td></tr> <tr><td>Sweet Gum</td><td>(<i>Liquidambar styraciflua</i>)</td></tr> <tr><td>Sycamore</td><td>(<i>Plantanum occidenta</i>)_</td></tr> </table>	American Holly	(<i>Ilex opaca</i>)	Bald Cypress	(<i>Taxodium distichum</i>)	Banyan Tree	(<i>Ficus benghalensis</i>)	Dahoon Holly	(<i>Ilex cassine</i>)	Gumbo Limbo	(<i>Bursera simaruba</i>)	Hickory	(<i>Carya ashei</i>)	Laurel Oak	(<i>Quercus laurifolia</i>)	Live Oak	(<i>Quercus virginiana</i>)	Loblolly Bay	(<i>Gordonia lasianthus</i>)	Mahogany	(<i>Swietenia mahogani</i>)	Red Bay	(<i>Persea borbonia</i>)	Red Maple	(<i>Acer rubrum</i>)	Sand Pine	(<i>Pinus clausa</i>)	Slash Pine	(<i>Pinus elliottii var. densa</i>)	Southern Magnolia	(<i>Magnolia grandiflora</i>)	Southern Red Cedar	(<i>Juniperus silicicola</i>)	Strangler Fig	(<i>Ficus aurea</i>)	Sweet Bay	(<i>Magnolia virginia</i>)	Sweet Gum	(<i>Liquidambar styraciflua</i>)	Sycamore	(<i>Plantanum occidenta</i>)_
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Owners Affidavit	I certify all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.	
Warning to owners	Your failure to record a Notice of Commencement may result in your paying twice for the improvements to your property. If you intend to obtain financing, consult with your lender or attorney before recording your Notice of Commencement.	
Owner Signature		Contractor Signature
Owner's Agent Signature (if applicable)		

Statement of Ownership and Designation of Authorized Agent

(Please Print or Type)

Before me, the undersigned authority, personally appeared _____

Who, being by me first duly sworn, on oath deposed and says:

1. That he/she is the fee simple title owner of the property described in the attached Legal Description.
2. That he/she is requesting approval of a _____ in the City of Stuart, FL.
3. That he/she has appointed _____ to act as an authorized agent on his/her behalf to accomplish the above project.

Name of Owner: _____

Signature of Owner:

By: Name/Title

Street Address

City, State, Zip Code

P.O. Box

City, State, Zip Code

Telephone Number

Fax Number

Email Address:

STATE OF FLORIDA, COUNTY OF _____

Sworn and subscribed before me by means of ___ physical presence or ___ online notarization, this

_____ day of _____, _____ By _____.

Personally Known OR Produced Identification
Type of Identification Produced:

Notary Public

My Commission expires:

Financial Responsibility Form

(Please Print or Type)

The Undersigned, as the Property Owner, Lessee, Contract Purchaser, or Applicant (circle one), acknowledges responsibility for all City expenses associated with the referenced application (s) including time spent by the City's consultants and further acknowledges that payment of consultant fees will be made prior to the receipt of the consultant comments.

Name:
Title:
Company:
Company Address:

City/State/Zip Code:
Telephone Number:
Facsimile Number:
Email Address (optional):

I hereby certify that all information contained herein is true and correct.

1. Signed this _____ day of _____, 20____.

Signature of Property Owner, Lessee, Contract Purchaser or Applicant (circle one)