





City of Crystal River

Tree Removal Permit Application

Department of Planning & Community Development
123 Northwest Highway 19
Crystal River, FL 34432
Telephone: (352) 795-4216
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-  *Incomplete applications will not be processed*
-  *Permits are issued to the contractor after application approval & license and insurance are verified*

Date: _____ **Permit Number:** _____

Applicant _____ Phone _____

Address: _____
CITY ZIP

Email: _____

 *****  ***** 

Contractor _____ Phone _____

Address: _____
CITY ZIP

Email: _____

 *****  ***** 

► Identify the Trees & Their D.B.H. To Be Removed on a Location Sketch

Property Address _____

Alternate Key _____ Property Size _____ Number of Trees on Property: _____

Trees Currently On The Property

Species: _____ # _____ D.B.H. _____
Continue tree list on reverse side of application

Species: _____ # _____ D.B.H. _____
Continue tree list on reverse side of application

Species: _____ # _____ D.B.H. _____
Continue tree list on reverse side of application

Species: _____ # _____ D.B.H. _____
Continue tree list on reverse side of application

Species: _____ # _____ D.B.H. _____
Continue tree list on reverse side of application

 *****  ***** 

Tree(S) To Be Removed:

Species: _____ # _____ D.B.H. _____
Continue tree list on reverse side of application

Species: _____ # _____ D.B.H. _____
Continue tree list on reverse side of application

Species: _____ # _____ D.B.H. _____
Continue tree list on reverse side of application

Species: _____ # _____ D.B.H. _____
Continue tree list on reverse side of application

Species: _____ # _____ D.B.H. _____
Continue tree list on reverse side of application

Reason(s) for removal: _____

I certify that the above information is true and correct, to the best of my knowledge.

Signature _____ Date _____
Check one:  Owner  Contractor  Tenant  Manager

State of Florida

County of Citrus

The foregoing instrument was acknowledged before me by () physical presence or () remote audio-visual means this _____ day of _____, 20____ By _____, who is personally known to me or has produced _____ as identification and who did not take an oath.

Signature of Notary Public
Print Name:
Title:
Commission #

 *****  ***** 

Planning and Development Department Use Only

APPROVED **APPROVED WITH CONDITIONS** **DENIED**

Planning Department Comments and/or Permit Conditions: _____

Planning Director or Designee

Date