


City of Lakeland Tree Removal Permit

Send Completed Application to: Building Inspection Division 228 S. Massachusetts Ave Lakeland, FL 33801 phone (863) 834-1200 buildinginspection@lakelandgov.net	Questions: Phone: (863) 834-2233 brian.dick@lakelandgov.net bill.koen@lakelandgov.net	Permit Fee: \$50.00
		
Property Owner's Information		
Name: _____ Daytime Phone Number _____ Address: _____ City _____ State _____ Zipcode _____ e-mail: _____		
Project/Contractor Information		
Name: _____ Daytime Phone Number _____ Address: _____ City _____ State _____ Zipcode _____ e-mail: _____		
Tree Location Information		
Address: _____ Check one: Residential _____ Multi-family Residential _____ Commercial _____ Legal Description: _____ Lot _____ Block _____ Subdivision _____ Lot Size _____ Description of Proposed Work: _____ Number of Trees Proposed to be Removed: _____ Tree Species and Tree Diameter Proposed to be Removed: _____ Reason for Removal: Construction _____ Dead, Diseased or Damaged _____ Other _____		
Application is hereby made for a tree removal permit to do the work as briefly described above and in consideration of the issuance of such permit, I agree that this application is subject to being built as referenced to the applicable approved plans and accordance to the Land Development Code, and other ordinances of the City of Lakeland and laws of the State of Florida applicable thereto. It is understood that any deviation from the information contained herein unless approved by the Landscape Inspector will render the tree removal permit null and void. I hereby certify that the information set forth above is true and correct and that I am the property owner or lessee, or acting as the agent of either and have been authorized by them to make this application.		
Applicant's Signature: _____ Date: _____ Company Name: _____ Telephone: _____ Company Address: _____		
Approved _____ Disapproved _____ Penalty: Yes _____ No _____ Replacement Trees Required: _____ City Of Lakeland Landscape Inspector: _____ Date: _____ Inspector's Comments: _____ _____ _____ _____		