

**City of Safety Harbor
Verification Statement for
NO GRAND TREE REMOVAL**

Date Received:	
File Number:	
Staff Reviewer:	

1. PROPERTY OWNER:

Name:		
Address:		
Telephone:	Fax:	E-Mail:

2. OWNER REPRESENTATIVE:

Name:		
Address:		
Telephone:	Fax:	E-Mail:

3. SITE LOCATION:

Address of Proposed Construction:		Parcel ID#:
Subdivision:	Lot#	Block#:

4. VERIFICATION STATEMENT:

I hereby certify that the information contained herein is true and accurate and that I am the legal owner of the subject property or have legal authority to execute this form on behalf of the property owner. I am aware that any deviation from the information submitted with this form shall be considered a violation of the City of Safety Harbor Comprehensive Zoning and Land Development Code. In accordance with Section 153.03(E), of said code, I request a release from the provisions of the grand tree removal permit section to allow the issuance of a building permit at the above location because one of the following conditions exists:

PROTECTED TREE(S) EXIST ON THE SITE as defined in Article X, Section 153.00 of the City of Safety Harbor Comprehensive Zoning and Land Development Code but **ARE NOT REQUIRED TO BE REMOVED FOR CONSTRUCTION** purposes, thus no grand tree removal is required. I further understand that these **GRAND TREE(S) MUST BE PROTECTED FROM DAMAGE BOTH BEFORE AND DURING ALL CONSTRUCTION ACTIVITIES ON THIS SITE** as provided in Section 153.07 of the City of Safety Harbor Comprehensive Zoning and Land Development Code (a site plan must be submitted with this request).

NO PROTECTED TREES EXIST ANYWHERE ON THE SITE of the proposed construction as defined in Section 153.00 of the City of Safety Harbor Comprehensive Zoning and Land Development Code.

Printed Name of Owner or Representative

Signature of Owner or Representative

**State of Florida,
County of Pinellas**

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____ by _____ of _____, a Florida municipal corporation, on behalf of the corporation. He/she is personally known to me or produced identification. Type of identification _____

Signature of Notary Public

Name Typed/Printed/Stamped

[**Affix Notary Stamp**]

<input checked="" type="checkbox"/> NO PROTECTED TREES
Inspector's Initials _____
Date _____