



*City of Safety Harbor Florida*

**HOME OF ESPIRITU SANTO MINERAL SPRINGS**

750 Main Street ± Safety Harbor, Florida 34695 ± (727) 724-1555  
FAX 724-1566

## **No Protected Tree Removal Form**

### **Property Owner or Owner Representative:**

Name: \_\_\_\_\_.

Address: \_\_\_\_\_.

Telephone: \_\_\_\_\_.

Email: \_\_\_\_\_.

Select one of the following:

- ☐ I am the Property Owner.
- ☐ I am the Owner Representative for the property.

### **Site Location:**

Address of Proposed Construction: \_\_\_\_\_.

Parcel ID: \_\_\_\_\_.

Please fill in all areas including an updated phone number and email address. Incomplete documents will result in permit disapproval.

**Verification Statement:** Please select the most appropriate option regarding the property where the proposed project is being conducted. One of the options below must be selected prior to permit submittal. Incomplete documents will result in permit disapproval.

- ☐ Option 1:
  - Trees exist on the property but will not be damaged and/or removed as a result of the proposed project.
- ☐ Option 2:
  - No trees exist on the property where the proposed work is being conducted.

If trees exist on the subject property, they are required to be protected as part of the Safety Harbor Land Development Code Section 153.00. The permit documents submitted must accurately indicate all required tree protections.

**Property Owner or Representative:** Do not sign unless in front of a Notary.

Date - \_\_\_\_\_.

Print – \_\_\_\_\_, Signature - \_\_\_\_\_.

**State of Florida/County of Pinellas:**

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_.

They are \_\_\_\_\_ Personally Known or \_\_\_\_\_ Produced Identification \_\_\_\_\_ Type of Identification.

**Affix Notary Stamp**

Signature of Notary Public: \_\_\_\_\_.