

**PROPERTY OWNER INFORMATION:****PROJECT LOCATION INFORMATION:**

NAME:		PHYSICAL ADDRESS:					
ADDRESS:		SUBDIVISION NAME:					
ADDRESS 2:		SRCPA PARCEL ID #:					
CITY:		ZONING DESIGNATION:		SEC	TWN	RNG	SUB
STATE:		IS THE PROPERTY A CORNER LOT?		BLK	LOT		
ZIP:	PHONE #:	DRIVING DIRECTIONS:					
CELL #:	FAX #:						
E-MAIL:							

DESCRIPTION OF TREES TO BE REMOVED:

NO.	SPECIES	DIAMETER (IN)	NO.	SPECIES	DIAMETER (IN)
1			6		
2			7		
3			8		
4			9		
5			10		

IDENTIFICATION OF TREES TO BE REMOVED: RIBBON / TAPE PAINT TREE SURVEY (ATTACHED) OTHER

REASON FOR REMOVAL: _____

REMOVAL COMPANY (IF APPLICABLE):**AUTHORIZATIONS:**

NAME:		I, THE UNDERSIGNED RESPONSIBLE AGENT FOR THIS APPLICATION, DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND ACCURATE AND I AGREE TO COMPLY WITH ALL OF THE REQUIREMENTS OF THE CITY OF GULF BREEZE'S LAND DEVELOPMENT CODE.					
ADDRESS:		AGENT:					
ADDRESS 2:		SIGNATURE		DATE			
CITY:		_____					
STATE:		PRINTED NAME					
ZIP:	PHONE #:	OWNER:					
CELL #:	FAX #:	SIGNATURE		DATE			
E-MAIL:		_____					
		PRINTED NAME					



