



# CITY OF MOUNT DORA TREE REMOVAL PERMIT

Public Works Department  
900 N. Donnelly Street  
(352) 735-7151 - phone  
(352) 735-1539 - fax

**Please allow a minimum of three (3) business days for review.**

Applicant's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Applicant's Fax No. or E-mail Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

Exact location and type of tree(s): \_\_\_\_\_

**ARE THE TREES:**

Restricting the economic use of the property? Yes  No

Incurably infected by disease? Yes  No

In danger of falling? Yes  No

Too close to existing or proposed structures? Yes  No

Too close to existing utility services? Yes  No

Please give a brief explanation of the reason it is necessary to remove this tree: \_\_\_\_\_

I hereby understand that the utilities or zoning official may require that a tree be planted to replace any that are permitted to be removed. I further understand that if this request is denied, I may appeal the denial by written notice filed with the City Clerk of the City of Mount Dora. This notice shall set forth all grounds for the appeal. Under the provisions of Chapter 46, Code of Ordinances, any person, firm or corporation violating this article shall be subject to a fine of up to five hundred dollars (\$500).

\_\_\_\_\_  
Applicant's Signature Date

APPROVED: \_\_\_\_\_

DENIED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Inspector's Signature Date

**APPROVED TREE REMOVAL PERMITS EXPIRE ONE (1) YEAR FROM APPROVAL DATE**