



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.

Owner's Name: _____ Phone No: _____

Owner's Address: _____

Owner's Email 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: _____

Attach a sketch indicating the location of the tree(s) that you are requesting to be removed.

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 90, Code of Ordinances, any person, firm or corporation violating this article shall be subject to a fine of up to five hundred dollars (\$500).

Owner's Signature

Date

Tree removal will be performed by: Owner Contractor

Tree Removal Contractor:

Name of Company _____

Name of Responsible Person _____

Phone Number _____

Email Address _____

Contractor's Signature

Date

(This page is for Office Use Only)

Inspector's Signature Date

Comments: _____

City Arborist's Signature Date

Recommendations: _____

Director of Public Works' Signature Date Approved Denied
Or Delegate

Appealed by: _____ Date: _____ (Attach copy of appeal letter) Appeal: <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Date: _____ Director of Public Works' Signature or Delegate

Tree(s) removed as of: _____ _____ Date Inspector's Signature
