



SEMINOLE COUNTY PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET, SANFORD, FLORIDA 32771
(407) 665-7371 PLANDESK@SEMINOLECOUNTYFL.GOV
www.seminolecountyfl.gov

ARBOR/LOGGING PERMIT

DO I NEED A PERMIT TO REMOVE A TREE?

Table with 2 columns: Yes, if... and No, if... containing lists of conditions for tree removal permits.

*DBH: diameter at breast height, or the diameter of a tree as measured 4.5 feet from the ground

REQUIRED ATTACHMENTS

- Application
Application fee
Owner Authorization Form, if applicable
Written statement on reason for removal
Tree preservation statement for tree protection during construction, if applicable
Site Plan (see requirements below)

SITE PLAN REQUIREMENTS

- Location of existing/proposed improvements and/or structures
Proposed changes in elevations, site grading or major contours
Location of existing or proposed utility easements
Location of all trees on site that are greater than 6 inches in diameter measured 4.5 feet above the ground
Designation of the trees to be retained, removed, relocated, or replaced
Legend for trees to be removed
Required mix of replacement trees – See SCLDC Section 60.9(d)(9)
Replacement stock – See the Florida Friendly Landscaping Guide

DELIVERY METHODS

Completed forms and all the above required attachments may be sent via:

- E-mail: plandesk@seminolecountyfl.gov
Hand delivery: Seminole County Planning & Development Division, West Wing, 2nd floor, Room 2028, 1101 East First Street, Sanford, Florida 32771
Mail: Seminole County Planning & Development Division, 1101 East First Street, Sanford, Florida 32771



SEMINOLE COUNTY
 PLANNING & DEVELOPMENT DIVISION
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 SANFORD, FLORIDA 32771
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PROJ. #: _____

ARBOR/LOGGING PERMIT

DEVELOPED SINGLE FAMILY LOTS OF 3 ACRES OR LESS DO NOT REQUIRE A PERMIT FOR TREE REMOVAL

APPLICATION TYPE/FEE (SELECT ONE)

<input type="checkbox"/> ARBOR PERMIT	\$75/ACRE ROUNDED UP (\$500 MAX. FEE)
<input type="checkbox"/> LOGGING PERMIT	\$75/ACRE ROUNDED UP (\$500 MAX. FEE)
<input type="checkbox"/> FINAL ENGINEERING/SITE PLAN/SMALL SITE PLAN (CONCURRENT)	\$0 (ARBOR FEE INCLUDED W/ APPLICATION FEE)

PROJECT

PROJECT NAME OR ADDRESS:		
PARCEL ID #(S):		
LOCATION(S) OF TREE(S):		
ACREAGE:	ZONING:	
TREE SPECIES:	SIZE:	NUMBER TO BE REMOVED:
REASON FOR TREE REMOVAL:		

APPLICANT/CONSULTANT

NAME:	COMPANY:	
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	

OFFICE USE ONLY

<input type="checkbox"/> APPROVED (PERMIT SHALL EXPIRE 1 YEAR FROM DATE OF APPROVAL	<input type="checkbox"/> DENIED
CONDITIONS: _____	
REPLACEMENT TREES REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF REPLACEMENT TREES: _____
All replacement trees shall be 3" caliper and 10' height at time of planting and Florida Nursery grade Number 1. Consult the Florida Friendly Landscaping Guide for species recommendations.	
REVIEWED BY: _____	DATE: _____
TITLE: _____	TELEPHONE #: (407) 665-_____

OWNER AUTHORIZATION FORM

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchase (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I, _____, the owner of record for the following described property [Parcel ID Number(s)] _____ hereby designates _____ to act as my authorized agent for the filing of the attached application(s) for:

<input type="checkbox"/> Alcohol License	<input type="checkbox"/> Arbor Permit	<input type="checkbox"/> Construction Revision	<input type="checkbox"/> Final Engineering
<input type="checkbox"/> Final Plat	<input type="checkbox"/> Future Land Use Amendment	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat
<input type="checkbox"/> Preliminary Subdivision Plan	<input type="checkbox"/> Rezone	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Special Event
<input type="checkbox"/> Special Exception	<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Vacate	<input type="checkbox"/> Variance

OTHER: _____

and make binding statements and commitments regarding the request(s). I certify that I have examined the attached application(s) and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments, and fees become part of the Official Records of Seminole County, Florida and are not returnable.

Date

Property Owner's Signature

Property Owner's Printed Name

STATE OF FLORIDA
COUNTY OF _____

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared _____ (*property owner*),
 by means of physical presence or online notarization; and who is personally known to me or who has produced _____ as identification, and who executed the foregoing instrument and sworn an oath on this _____ day of _____, 20____.

Notary Public