



Planning Department
96161 Nassau Place
Yulee, Florida 32097

Thad Crowe, AICP
Director

**PROTECTED CANOPY TREE
REMOVAL APPLICATION**

Official Use Only

Zoning District: _____
FLUM Designation: _____
Commission District: _____
Application #: _____
Date Filed: _____

Parcel Identification Number (18-digit number)

1. **Location:** On the _____ side of _____
(north, south, east, west) (street)
between _____ and _____
(street) (street)

2. Name and Address of the Owner as shown in the public records of Nassau County:

3. Name and Address of the Applicant / Authorized Agent:

(PLEASE NOTE: If applicant is not the owner, this application must be accompanied by completed *Owner's Authorization for Agent* form - see page 3)

4. Provide narrative that demonstrates how the request meets criteria for consideration as set forth in Land Development Code Section 37.08.D.

5. Provide a tree plan indicating:

1. the protected trees to be removed
2. the location of replacement trees to be planted for mitigation of the removed trees and
3. the calculations that demonstrate the satisfaction of the replacement inches for all healthy trees measured at diameter at breast height (dbh). Any tree considered dead or diseased by an ISA-certified arborist can be replaced with a new tree measuring 3 inches dbh.

The tree plan must be prepared and signed by an ISA-certified arborist.

Signature of Owner: _____

Signature of Applicant (if different than Owner): _____

Signature of Agent (if different than Owner): _____

Owner's mailing address: _____

Telephone: _____

Email: _____

NOTE: PLEASE HAVE THIS FORM NOTARIZED BELOW WHETHER SIGNED BY OWNER OR OWNER AND AGENT

OWNER'S AUTHORIZATION FOR AGENT (OPTIONAL)

_____ is hereby authorized TO ACT ON BEHALF OF

_____, the owner(s) of those lands described within the attached application, and as described in the attached deed or other such proof of ownership as may be required, in applying to Nassau County, Florida, for an application pursuant to a:

BY: _____
Signature of Owner

Print Name

Signature of Owner

Print Name

Telephone Number

NOTARIZATION REQUIRED

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of
 physical presence or online notarization, this _____ day of _____, 20__
by _____ as _____ on behalf of
_____, a _____, who
 produced _____ as identification or who is personally known.

Notary Public – State of Florida
Print Name: _____
My Commission Number: _____
My Commission Expires: _____