



CITY COMMISSION TREE REMOVAL APPLICATION

CITY OF LABELLE, FLORIDA

APPLICATION NUMBER: COMTRE_ - _____ (Assigned by City)

DATE RECEIVED: _____

- 1. APPLICANT:** _____
(as shown on deed or Articles of Incorporation)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone Number: _____ Home Phone Number: _____

Fax number: _____ Email: _____

- 2. PROPERTY OWNER (if different from Applicant):** _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone Number: _____ Home Phone Number: _____

Fax number: _____ Email: _____

NOTE: The application must include all pertinent information (Name, address, phone numbers, etc.) for all owners of land affected by this application. If the space provided above is not sufficient to list all of the owners then, the additional information must be provided on a separate sheet(s).

- 3. SPECIFIC LOCATION OF SUBJECT PROPERTY AFFECTED BY THIS APPLICATION:**

Township: _____ Range: _____ Tax Parcel I. D. #: _____

Lot: _____ Block: _____ Plat Book: _____ Page Number: _____

Site Address: _____

4. SITE DETAILS:

Total acreage of the Property: _____ Existing Use of Property: _____

Future Land Use Designation: _____ Zoning District: _____

5. SUMMARY OF APPLICANT’S REQUEST (Number of trees to be removed and purpose of tree removal):

6. PLEASE PROVIDE TEN (10) SETS OF THE FOLLOWING ITEMS TO CITY HALL, 481 WEST HICKPOCHEE AVENUE, LABELLE, FLORIDA 33935:

_____ **Completed Tree Removal Application Form**

_____ **Application Fee:** Check made payable to “City of LaBelle” with fee per adopted Fee Schedule.

_____ **Affidavit of Ownership and Agent Authorization:** The name of all parties having interest in the subject property and certification that the applicant is authorized to sign the application as owner or authorized agent.

_____ **Proof of Ownership:** A copy of the tax bill or a print out from the Property Appraisers office is required.

_____ **Narrative & Mitigation Statement:** Written narrative explaining the existing conditions (number, location, species and size of existing significant oak trees); why the significant oak trees prevent reasonable development of the property; what alternatives have been considered by the applicant; description of method of tree removal or relocation (where applicable); and description of mitigation plan (number, location, species and size of oak trees proposed for planting); and details of off-site mitigation planting location (where applicable).

_____ **Existing Conditions Exhibit/Drawing:** Drawing demonstrating the property boundary and location and type of significant oak tree(s) proposed for removal on 8-1/2" x 11" paper with legible text showing all data pertinent to the application, including at least the following:

1. Date of drawing
2. Scale
3. North arrow
4. Name of person or firm preparing the plan
5. Property boundary
6. Trees proposed for removal, size, and name of species
7. Existing physical improvements including but not limited to: existing building, access points, driveways, parking areas, easements (utility, drainage, electric)

_____ **Proposed Conditions Exhibit/Drawing:** Drawing demonstrating the property boundary and location and type of proposed mitigation tree plantings on 8-1/2" x 11" paper with legible text showing all data pertinent to the proposed mitigation, including at least the following:

1. Date of drawing
2. Scale
3. North arrow
4. Name of person or firm preparing the plan
5. Property boundary
6. Trees proposed for planting, size at time of planting, and name of species
7. Proposed physical improvements including but not limited to: existing building, access points, driveways, parking areas, easements (utility, drainage, electric)

_____ **Verification Letters (where applicable):** Letter from a certified arborist, licensed landscape architect in the State of Florida, or other suitable expert verifying health of trees (*only required where removal is requested due to failing health of the tree*), AND/OR letter from certified engineer in the State of Florida verifying the tree proposed for removal is causing structural damage to existing structures (*only required where applicable*).

_____ **Electronic copy of all checklist items in one (1) PDF file:** Please provide on CD or flash drive.

AFFIDAVIT

I, _____ certify that I am the owner or authorized representative of the property described herein, and that all answers to the questions in this application and any sketches, data or other supplementary matter attached to and made a part of this application, are honest and true to the best of my knowledge and belief.

Signature of owner or authorized agent Date: _____

Print or type name of person signing above

Name of owner/agent entity if a corporation, L.L.C., partnership, or trust

Representative capacity of person signing Affidavit:
President or Vice President of Corporation, Managing
Member of L.L.C., General Partner, or Trustee

STATE OF _____
COUNTY OF _____

The foregoing instrument was sworn to (or affirmed) and subscribed before me on _____ (date) by (name of person providing oath or affirmation), who is personally known to me or who has produced _____ (type of identification) as identification.

NOTARY PUBLIC STAMP/SEAL:

Signature of Notary Public

Printed Name of Notary Public

AGENT AUTHORIZATION

The undersigned to hereby swear or affirm that they are the fee simple title holders and owners of the record of property commonly known as _____
And legally described in Exhibit A attached hereto.

We hereby designate _____ as the legal representative of the property in the course of seeking approval of this application. This representative will remain the only entity to authorize development activity until such time as anew or amended authorization is delivered to the City.

_____ Date: _____
Signature of owner or authorized agent

Print or type name of person signing above

Name of owner/agent entity if a corporation, L.L.C., partnership, or trust

Representative capacity of person signing Affidavit:
President or Vice President of Corporation, Managing
Member of L.L.C., General Partner, or Trustee

STATE OF _____
COUNTY OF _____

The foregoing instrument was sworn to (or affirmed) and subscribed before me on _____ (date) by (name of person providing oath or affirmation), who is personally known to me or who has produced _____ (type of identification) as identification.

NOTARY PUBLIC STAMP/SEAL:

Signature of Notary Public

Printed Name of Notary Public

ATTENTION

This application must be completed (please type or legibly print) and resubmitted, with all requirements herein, to the Superintendent of Public Works, City Hall, City of LaBelle. This application must be filled out completely and must be signed by the owner or his designated agent. If the applicant is different than the owner of the subject property, then an agent affidavit in a form approved by the City is required from the owner of the property that is requesting the vacation. The agent affidavit must be completely filled out and submitted with this application. If the property is in multiple-ownership, then all of the owners or their designated agent(s) must sign this application. All owners of property that will be affected by this application must either sign this application or fill out an agent affidavit.

This application will reviewed by City staff for completeness and their recommendation, then to the City Commission for action.

The applicant is fully responsible for researching and knowing any and all laws, which may be applicable and affect the outcome of the any decision on the application request. The City assumes no responsibility or liability relating to the failure to research and know all applicable laws including, but not limited to, state, federal and city laws, codes, land development regulations or the adopted comprehensive plan. The City strongly recommends that all applicants consider consulting an attorney regarding their application.

NOTE: The entire process can take approximately 2-3 months from start to finish. The Applicant will be responsible for all expenses for outside consultants.