



**Town of Longboat Key  
Planning, Zoning and Building Department**

501 Bay Isles Road  
Longboat Key, Florida 34228  
941-316-1966  
941-316-1970 FAX

**TREE PERMIT APPLICATION**

Application must be completed in ink or typed. All sections of the application must be accurately completed including the Work Description with a thorough description of all work proposed by this application. **Applicant is required to submit one complete copy of application form (including support documentation), along with one (1) electronic copy of all materials.** All required supporting documents, site plan, etc., must be submitted for the application to be valid for review. FEE IS DUE AT TIME OF SUBMITTAL APPLICATION FEE IS \$65.00 (\*Additional costs, including staff time, may be incurred as necessary depending on the scope and complexity of the project.

**OFFICE USE ONLY:**

Permit No. \_\_\_\_\_ Fees Due \$65.00 \* Receipt No. \_\_\_\_\_

*IF PAYING BY CREDIT CARD, PLEASE COMPLETE A CREDIT CARD AUTHORIZATION FORM*

**JOB SITE**

PROJECT/COMPLEX NAME (IF ANY): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ UNIT # \_\_\_\_\_

COUNTY:  MANATEE  SARASOTA LOT(s) # \_\_\_\_\_ PARCEL ID #: \_\_\_\_\_

OWNER OF RECORD: \_\_\_\_\_

**TREE PERMIT APPLICANT**

PROPERTY OWNER IS APPLICANT *(if yes, skip to Box 3, Property Owner Information)*

APPLICANT/QUALIFIER NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET/MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_ FAX: # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PROPERTY OWNER (Required)**

NAME AS ON PROPERTY RECORDS: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET/MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**WORK DESCRIPTION (Complete each applicable section below)**

**TREES TO BE REMOVED:** TOTAL NUMBER: \_\_\_\_\_

Number \_\_\_\_\_ Species \_\_\_\_\_ Number \_\_\_\_\_ Species \_\_\_\_\_

Number \_\_\_\_\_ Species \_\_\_\_\_ Number \_\_\_\_\_ Species \_\_\_\_\_

Number \_\_\_\_\_ Species \_\_\_\_\_ Number \_\_\_\_\_ Species \_\_\_\_\_

**TREES TO BE MOVED: TOTAL NUMBER: \_\_\_\_\_**

Number \_\_\_\_\_ Species \_\_\_\_\_ Number \_\_\_\_\_ Species \_\_\_\_\_

Number \_\_\_\_\_ Species \_\_\_\_\_ Number \_\_\_\_\_ Species \_\_\_\_\_

Number \_\_\_\_\_ Species \_\_\_\_\_ Number \_\_\_\_\_ Species \_\_\_\_\_

**TREES TO BE TRIMMED: TOTAL NUMBER: \_\_\_\_\_**

Number \_\_\_\_\_ Species \_\_\_\_\_ Number \_\_\_\_\_ Species \_\_\_\_\_

Number \_\_\_\_\_ Species \_\_\_\_\_ Number \_\_\_\_\_ Species \_\_\_\_\_

Number \_\_\_\_\_ Species \_\_\_\_\_ Number \_\_\_\_\_ Species \_\_\_\_\_

**TREES TO BE REPLACED: TOTAL NUMBER: \_\_\_\_\_**

Number \_\_\_\_\_ Species \_\_\_\_\_ Number \_\_\_\_\_ Species \_\_\_\_\_

Number \_\_\_\_\_ Species \_\_\_\_\_ Number \_\_\_\_\_ Species \_\_\_\_\_

Number \_\_\_\_\_ Species \_\_\_\_\_ Number \_\_\_\_\_ Species \_\_\_\_\_

**Section 98.06 (A), Review and approval procedure. A tree permit may be issued if the Town Manager or designee finds that any one of the following conditions applies**

1. The condition of the tree has significantly degraded or deteriorated because of disease or insect attack and is in danger of falling within the proximity of existing or proposed structures;
2. The applicant cannot practically alter or revise the proposed development or improvement under all applicable laws and regulations to accommodate existing trees, including the tree or trees proposed to be impacted (move or trim);
3. Removal of the tree will enhance the ultimate tree canopy and removal will not result in erosion, or adversely affect the flow of surface waters; or
4. The tree poses a significant safety hazard to life or property.

**EXPLAIN IN DETAIL THE REASON WHY ABOVE TREE WORK SHOULD BE DONE:**

Enter reason: \_\_\_\_\_

**SITE PLAN ATTACHMENT:** Applicant **SHALL** submit a site plan/sketch indicating location, type, size and species of existing and proposed trees and indicating which are to be removed, relocated and replaced. Explain on the site plan why trees need to be removed or relocated, and how remaining trees or trees proposed to be relocated are to be protected during construction. TREE PLAN/SKETCH MAY BE ATTACHED SEPARATELY.

I, the undersigned have read and am knowledgeable of the Town Code of Ordinances Chapter 98, as amended, and shall assume total responsibility for any violations as determined by the Town.

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

OFFICE USE ONLY:  Application is approved in its entirety  Application is approved with the following restrictions

Restrictions: \_\_\_\_\_

Signature of Town Manager or designee \_\_\_\_\_ Date \_\_\_\_\_