

**CITY OF PARKLAND**  
DEVELOPMENT SERVICES DEPARTMENT  
6600 University Drive  
Parkland, Florida 33067  
Office: (954) 753-5447 • Fax: (954) 753-8838  
[www.cityofparkland.org](http://www.cityofparkland.org)

**TREE REMOVAL / LOT CLEARING**

\_\_\_\_\_ Tree Removal

\_\_\_\_\_ Lot Clearing

\_\_\_\_\_ House Permit #

Date \_\_\_\_\_ Permit # \_\_\_\_\_

Gate Code \_\_\_\_\_ Subdivision \_\_\_\_\_

Job Address \_\_\_\_\_ Parkland, FL Zip \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

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Contractor's Name \_\_\_\_\_

Contractor's Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

*Application is hereby made to obtain a permit to do Tree Removal and/or Lot Clearing as indicated. I certify that Tree Removal and/or Lot Clearing has not commenced prior to issuance of a permit and that all work will be performed to meet the standards of all laws regulating such in the City of Parkland, Florida.*

**OWNER'S AFFIDAVIT:** *I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating said activity.*

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Signature \_\_\_\_\_ Date \_\_\_\_\_

Description of Inspection Requested (Location of trees on lot):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector Notes: (Approval or Disapproval and Date)

\_\_\_\_\_  
\_\_\_\_\_

	Quantity	Fee
Tree Removal	_____	\$ _____
Clearing	_____	\$ _____

PLEASE ALLOW UP TO 2-3 WEEKS FOR PROCESSING