

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

TREE REMOVAL / LOT CLEARING / SYNTHETIC TURF PERMIT APPLICATION

_____ Tree Removal _____ Turf _____ 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 _____

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	_____	\$ _____
Turf	_____	\$ _____

PLEASE ALLOW UP TO 2-3 WEEKS FOR PROCESSING