



CITY OF WINTER GARDEN
300 WEST PLANT STREET
WINTER GARDEN, FL 34787

P: 407.656.4111
WWW.CWGDN.COM

TREE PERMIT APPLICATION

DATE SUBMITTED: _____ PERMIT #: _____
JOB ADDRESS: _____
OWNER NAME & ADDRESS: _____
PHONE NUMBER: _____
COMPANY NAME: _____
QUALIFIER NAME: _____
PHONE NO. & EMAIL: _____

CRITERIA FOR TREE REMOVAL MUST BE PER CITY CODE SECTION 114.73

ITEMS NEEDED:

COMMERCIAL – TWO (2) SITE PLANS IDENTIFYING THE TYPE, SIZE, AND LOCATION OF TREE(S) TO BE REMOVED.

COMMERCIAL AND RESIDENTIAL – TREE(S) MUST BE MARKED WITH A RIBBON.

1. NUMBER OF TREES ON PROPERTY BEFORE REMOVAL: _____
2. NUMBER OF TREES REMOVING: _____
3. REASON FOR REMOVAL: _____

***NOTE: DEPENDING ON THE SIZE & SPECIES OF TREE REMOVED, MITIGATION MAY BE REQUIRED.**

IN FILLING OUT THIS APPLICATION, I UNDERSTAND THAT THE CITY OF WINTER GARDEN WILL ONLY ISSUE A TREE PERMIT FOR SUBSTANTIAL REASON AND MAY REQUIRE THAT EQUIVALENT AMOUNT OF TRUNK DIAMETER OR PER DIAMETER AT THE RATE OF \$25.00 PER DIAMETER INCH. PER CITY OF WINTER GARDEN CODE SECTION 114.64 IN ITS ENTIRETY.

*PLEASE NOTE- IF YOU WANT THE CITY OF WINTER GARDEN SOLID WASTE DEPARTMENT TO PICK UP THIS TREE FOR DISPOSAL THERE WILL BE A \$200.00 CHARGE PLUS THE DISPOSAL FEES FROM THE DUMP.

OWNER PRINT

CONTRACTOR PRINT

OWNER SIGNATURE

CONTRACTOR SIGNATURE

OFFICE USE ONLY

APPROVED BY

DISAPPROVED BY

DATE

ATTACH AT LEAST TWO (2) PICTURES