



Tree Removal Permit

201 W. Central Ave. , PO Box 1320, Lake Wales, FL 33859-1320
Phone: (863) 678-4182 Ext.714 - Fax: (863) 678-4050

Please Print

Date: _____

Permit Number: _____

Property Owner _____

Address _____

Phone Number _____

Fax Number _____

Email Address _____

Describe reason for tree removal and work to be done: _____

Number of Trees: _____

- Please attach a Tree Removal site plan indicating locations, types and sizes of trees to be removed.
- Mark tree with ribbon

Two inspections are required.

1. Site inspection: prior to tree removal.
2. Final inspection: applicant shall request final inspection after tree and all debris has been removed.

Tree relocation/removal permit shall be done in accordance with the provisions stated in Sections 23-214 and sec. 23-302.2 of the City of Lake Wales code of ordinances.

Review by

Date

Planning and Zoning Department Approval

Date

Tree Removal Fees:
(Fees adjusted October 1, annually)

Code: 121

Total: \$ _____

(Owner or Agent)

(Contractor)

Signature

Signature

Date

Date

**STATE OF FLORIDA,
COUNTY OF POLK**

**STATE OF FLORIDA,
COUNTY OF POLK**

This forgoing instrument was acknowledged before me this

This forgoing instrument was acknowledged before me this

_____ day of _____, 20_____

_____ day of _____, 20_____

By _____

By _____

*Who produced the following identification or who is personally
Known.* _____

*who produced the following identification or who is personally
Known.* _____

Notary: _____

Notary: _____

10.31.19 CA