

Certification of Ownership (Tree Removal Permit)

Development Services Department – Planning & Zoning Division

City of Panama City, City Hall, 501 Harrison Avenue, 2nd Floor, Room 217, Panama City, FL 32401

Phone: 850-872-3025 | Email: planning@panamacity.gov | Website: www.panamacity.gov

By printing my name and signature below I hereby certify that I am the owner of record of the property described above and that I approve of the requested action(s) herein and hereby petitions the City of Panama City for a tree removal permit. I hereby certify that the information provided in this application is true and correct and understand that deliberate misrepresentation of such information will be grounds for denial and reversal of this application and/or revocation of any approval based on this application.

I also understand that the City of Panama City may take up to 10 business days to complete its review, weather permitting and all tree debris is to be removed by the owner or contractor. I also understand that tree removal permit is valid for a period of six (6) months from the date of approval. By printing my name and signature below I hereby authorize City staff to enter upon my property for the purpose of site inspection and the placement of a public notice sign (if necessary) for this application. I understand that all fees are non-refundable. I certify that I have read and understand the contents of this application and information provided herein and to my knowledge, this application is accurate and complete. I understand that an incomplete application will result in a delay in processing.

Certification of Ownership

Property Owner Name (Print): _____

Property Owner's Signature: _____

STATE OF _____ COUNTY OF _____ Sworn to

and subscribed me

this _____ day of _____, 20_____, By _____,

the applicant is personally known to

me or has produced _____ as identification. Notary Public:

My Commission Expires: _____

NOTARY STAMP:

Authorization of Applicant/Agent/Representative (Tree Removal Permit)

Development Services Department – Planning & Zoning Division

City of Panama City, City Hall, 501 Harrison Avenue, 2nd Floor, Room 217, Panama City, FL 32401

Phone: 850-872-3025 | Email: planning@panamacity.gov | Website: www.panamacity.gov

By printing my name and signature below I hereby certify that I am the authorized agent and primary contact during the tree removal permit application review process and the requested action(s) herein and hereby petitions the City of Panama City for a tree removal permit on behalf of the property owner. I hereby certify that the information provided in this application is true and correct and understand that deliberate misrepresentation of such information will be grounds for denial and reversal of this application and/or revocation of any approval based on this application.

I also understand that the City of Panama City may take up to 10 business days to complete its review, weather permitting and all tree debris is to be removed by the owner or contractor. I also understand that tree removal permit is valid for a period of six (6) months from the date of approval. By printing my name and signature below I hereby authorize City staff to enter upon my property for the purpose of site inspection and the placement of a public notice sign (if necessary) for this application. I understand that all fees are non-refundable. I certify that I have read and understand the contents of this application and information provided herein and to my knowledge, this application is accurate and complete. I understand that an incomplete application will result in a delay in processing.

Owner Authorization of Applicant, Agent or Representative

*If the applicant is not the property owner and the owner is allowing the applicant to act on their behalf, a notarized signature of the owner is required.

Property Owner Name (Print): _____

Property Owner's Signature: _____

STATE OF _____ COUNTY OF _____ Sworn to and subscribed me

this _____ day of _____, 20_____, By _____, the

applicant is personally known to me or has produced _____ as identification.

Notary Public: _____

My Commission Expires: _____

NOTARY STAMP: _____

Authorized Applicant, Agent or Representative

Applicant/Authorized Agent Name (Print): _____

Applicant's Signature: _____

STATE OF _____ COUNTY OF _____ Sworn to and subscribed me

this _____ day of _____, 20_____, By _____, the

applicant is personally known to me or has produced _____ as identification.

Notary Public: _____

My Commission Expires: _____

NOTARY STAMP: _____