



Planning Department
96161 Nassau Place
Yulee, Florida 32097

Thad Crowe, AICP
Director

Protected Tree Removal Application

Please email completed application to treeinfo@nassaucountyfl.com

1. Parcel Identification Number (18-digit number)

____ - ____ - ____ - ____ - ____

Address: _____

2. Name and Address of the Owner as shown in the public records of Nassau County:

3. Name and Address of the Applicant / Authorized Agent (if different than Owner):

4. Provide a narrative describing the reason for requesting tree removal.

5. All applicants must provide a tree protection and replacement plan that includes the required information found in Section 37.02.G.3 of the Land Development Code. If the request includes the removal of more than three (3) trees, the plan must be prepared and signed by an ISA-certified arborist.

6. Provide multiple photos of the tree(s) from different vantage points and identify any concerns (proximity to house, structural defect, etc.) for the request.

Signature of Owner: _____

Signature of Applicant / Authorized Agent (if different than Owner): _____

Telephone: _____

Email: _____

(PLEASE NOTE: If applicant is not the owner, this application must be accompanied by a completed and notarized *Owner's Authorization for Agent* form - see page 3)

OWNER'S AUTHORIZATION FOR AGENT (OPTIONAL)

_____ is hereby authorized TO ACT ON BEHALF OF

_____, the owner(s) of those lands described within the attached application, and as described in the attached deed or other such proof of ownership as may be required, in applying to Nassau County, Florida, for an application pursuant to a:

BY: _____
Signature of Owner

Print Name

Signature of Owner

Print Name

Telephone Number

NOTARIZATION

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of
 physical presence or online notarization, this _____ day of _____, 20__
by _____ as _____ on behalf of
_____, a _____, who
 produced _____ as identification or who is personally known.

Notary Public – State of Florida
Print Name: _____
My Commission Number: _____
My Commission Expires: _____