



Mailing: 25440 W Newberry Rd
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STAFF USE ONLY

TREE REMOVAL PERMIT APPLICATION

OWNER INFORMATION

Owner Name: _____

Address: _____

Phone: _____

E-mail: _____

PROPERTY INFORMATION

Property Address: _____

Parcel ID: _____

Zone Code: _____

Subdivision: _____

Use: _____

Block / Lot: _____

Septic Permit: _____

CONTRACTOR INFORMATION

License Holder: _____

Company: _____

Address: _____

Phone: _____

Email: _____

License Number: _____

License Expiration: _____

Liability Ins. Number: _____

Liability Expiration: _____

Workers Comp Number: _____

Workers Comp. Expiration: _____

PROJECT SUMMARY

Estimated Project Cost: \$ _____

Type of Trees: _____

Number of Trees Removed: _____

REASON FOR TREE REMOVAL

Owner/Contractor Signature

Date

Located in the Historic Little Red School House
25815 S.W. 2nd Avenue