



**TOWN OF HAVERHILL**  
PERMITTING AND LICENSING DEPARTMENT  
4585 Charlotte Street, Haverhill, Florida 33417  
Phone: (561) 689-0370 Ext. 2

STAFF USE ONLY
Intake Date _____
Fee Paid _____

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## LAND CLEARING/LAND FILL/TREE REMOVAL PERMIT APPLICATION

Permit No. \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Property Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please explain the nature of work to be completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List type of equipment being used: \_\_\_\_\_

\_\_\_\_\_

If fill is proposed, please specify type of fill and submit a grading plan to be reviewed by the Town Engineer.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are trees being removed? \_\_\_\_\_ Number being removed: \_\_\_\_\_

Why are the trees being removed instead of relocated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submit a list of trees to be removed and include type of tree, the estimated base, diameter, and height of each tree to be removed. On the survey, show which trees are proposed to be removed. On the survey, show any easement areas. Show any landscaping removal in easement areas (need permission by all easement holders, see Town Code Section 58-411(m) and removal agreement with the Town).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submit letter certifying that all exotic/invasive vegetation will be removed in accordance with Town Code Sections 58-419 and 58-420

Estimated duration to complete: \_\_\_\_\_

**ESTIMATED COST \$**

If the applicant is not the property owner, please attach property owner's consent to work being completed.

\_\_\_\_\_  
OWNER/QUALIFIER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\*\*\*\*\*NOTARY\*\*\*\*\*

**STATE OF FLORIDA  
COUNTY OF PALM BEACH**

Sworn to (or affirmed) and subscribed before me by means of  physical presence, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known or produced \_\_\_\_\_ identification (b) for an acknowledgment in an individual capacity

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name (SEAL)

**STAFF APPROVAL:**

**Code Inspector** \_\_\_\_\_ **Date** \_\_\_\_\_