



CITY OF
WILLISTON
FLORIDA

50 N.W. Main ST. • P.O. Drawer 160 • Williston, Florida 32696-0160
Phone (352) 528-3060 • Fax (352) 528-2877

LANDSCAPE/TREE PERMIT

Job Site Address: _____ Date: _____ Permit #: _____

Permit Type (circle one): Tree Relocation | Tree Removal | Specimen | Renewal | Change

1. Contractor: _____
State License #: _____ State Registration #: _____
Contractor Address: _____ City: _____ State: _____ Zip _____
Contractor Phone: (____) _____ Contractor Email: _____

2. Property Owner's Name: _____
Owner's Address: _____ City: _____ State: _____ Zip _____
Owner's Phone: (____) _____ Owner's Email: _____

Type of Property (circle one): Single Family | Multi-Family | Right-of-Way | Non-Residential

Affidavit: Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work or installation will be performed to meet the standards of all laws regulating construction in the City of Williston. I certify that all the forgoing information is accurate and that all work will be done in compliance with and in accordance with City of Williston Municipal Code and all applicable laws regulating construction, tree preservation and zoning.

*Trees to be removed must be tagged and identified by City Staff before any work is started.

Reason for Tree Permit Application:

Description of Work to be Done: _____

List to be Completed by Applicant:

Tree Species and Quantity (Botanical/Common Name of Tree; Quantity)

Protected _____ | Relocated _____ | Removed _____ | Total: _____

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

Signature of Legal Owner/Agent: X _____

STATE OF FLORIDA - COUNTY OF LEVY Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____ (Type / Print Owner's Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature _____

Name & Title (printed) _____ (Type / Print Notary's Name)

Personally Known _____ or Produced ID _____ Type of Identification

Produced: _____

Signature of Legal Contractor: X _____

STATE OF FLORIDA - COUNTY OF LEVY Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____ (Type / Print Qualifier's Name)

BUILDING DEPARTMENT/ZONING DEPARTMENT -- UD&P TREE PERMIT APPLICATION

City Approval by: _____ Date: _____

Landscaping Zoning Approved by: _____ Date: _____

Notes: _____

Notice: In addition to the requirements of this permit, there may be additional restrictions or requirements applicable to this property that may be found in the public records, and there may be additional permits required by other governmental entities such as water management districts, state agencies or federal agencies. The issuance of the permit by the City of Williston does not in any way create any right on the part of an applicant to obtain a permit from a state or federal agency and does not create any liability on the part of the City for issuance of the permit if the applicant fails to obtain requisite approvals or fulfill the obligations imposed by a separate agency or undertakes actions that result in a violation of law. The applicant must obtain all other applicable permits before commencement of the development.