

TREE TRIMMING ASSISTANCE PROGRAM APPLICATION

Building, Planning and Zoning Department
 Planning & Zoning Division
 2200 Civic Center Place
 Miramar, FL 33025
 Tel: (954) 602-3264 | www.miramarfl.gov
 Email: LANDSCAPING@MIRAMARFL.GOV



UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION FOR A TREE TRIMMING ASSISTANCE PROGRAM AND ALL ATTACHMENTS TO THE APPLICATION AND THAT THE FACTS STATED IN IT ARE TRUE.

INITIALS

APPLICATION CHECKLIST

Requirement	<input checked="" type="checkbox"/>
1 Review the City's Tree Trimming Assistance Program guidelines	<input type="checkbox"/>
2 Completed, signed and notarized application	<input type="checkbox"/>
3 Site plan or photo illustrating the location of the tree(s)	<input type="checkbox"/>

Application No.
Application Received Date
QUARTER: 1 2 3 4

PRINT OR TYPE ALL INFORMATION

1 APPLICANT/PROPERTY OWNERSHIP INFORMATION										
Name:						Signature:				
E-mail:						Phone No.:				
Address:										
Property Parcel ID Number:	5	1								
2 INFORMATION ABOUT TREE(S) QUALIFIED FOR TREE TRIMMING PROGRAM										
Amount of Tree(s) requiring trimming:			Location of Tree(s): Front Yard / Side Yard / Rear Yard							
Are the trees located in the Right Of Way (R-O-W) or within an easement? YES / NO If Yes, attach approval from the authorizing agent.										
Are the requested tree(s) approaching an existing utility line? YES / NO										
Is there unimpeded access during the day for City to inspect the tree(s)? YES / NO										
Reason for tree trimming request:										
3 ADDITIONAL INFORMATION										
<ul style="list-style-type: none"> Inspection Guidelines: All applications will have an initial inspection by City staff. Applicants will receive a determination of approval or denial via telephone or email. A second inspection will occur a minimum of 15 calendar days after the trimming of the tree(s) to ensure compliance with the terms of the permit. Additional Requirements: All Companies performing tree trimming services must be a registered vendor with the City of Miramar prior to commencing service. Payment will not be issued without an up to date registration. Companies must register online at https://www.miramarfl.gov/189/Vendor-Registration The submission of this application does not guarantee trimming of the tree(s). All applicants must contact Sunshine-811 by dialing 8-1-1 to have the property marked for underground utilities that may be affected by trimming of the tree(s). 										

TREE TRIMMING PROGRAM APPLICANT ACKNOWLEDGEMENT AND NOTARIZATION

I _____(owner) at property _____(address), request assistance through the City of Miramar Tree Trimming Assistance Program to trim potentially hazardous trees on my property. I certify that I am the property owner and that the address provided on this application is my primary residence. I understand that all approved tree trimming services will be contracted between myself and the selected contractor and that the City of Miramar is not a party to the actual contracting or performance of the tree trimming service. I understand that the Tree Trimming Assistance Program will assist in paying the cost of tree trimming not exceeding \$1,000 per tree. Following tree trimming service completion and City inspection, the City will disburse final payment directly to the contractual service company completing tree trimming services. The difference in cost of tree trimming services performed by the contractor exceeding \$1,000 is my sole responsibility to be paid directly to the contractor and in return for participation in this program. I agree to indemnify and hold harmless the City of Miramar and its agents, officers, employees, from and against all claims, damages, losses and expenses, which may arise from or result from the tree trimming process herein described. I have reviewed and understand all policies and procedures governing the Tree Trimming Program.

I hereby certify that to the best of my knowledge and belief, all information supplied with this application is true and accurate and any false/ incorrect information can result in the revocation of the permit and/or could also result in fines and/or charges. By signing below the property owner agrees to the replacement requirements as per City Code.

NOTARIZATION

STATE OF _____/COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, _____(year), by _____(name of person acknowledging)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

OFFICE USE ONLY	RESULTS	OFFICE USE ONLY
------------------------	----------------	------------------------

Results:	
Landscape Inspector:	Signature:
Notes:	