



Town of Windermere

P.O. Drawer 669
Windermere, FL 34786
Office: (407) 876-2563 Fax: (407) 876-0103

TREE REMOVAL PERMIT

Permit Fee: \$15.00

DATE: _____

PROPERTY ADDRESS: _____

PROPERTY OWNER: _____

PHONE NO: _____

CONTRACTOR: _____

PHONE NO: _____

| Number of Tree(s) to be Removed: | Type of Tree(s): | Location of Tree(s) and Identifying Marking: | Diameter of Tree(s) |
|----------------------------------|------------------|--|---------------------|
| | | | |
| | | | |
| | | | |

REASON FOR REMOVAL:

Office Use Only

Parcel ID _____

DATE OF INSPECTION: _____ BY: _____

REMARKS:

The owner is required to replace _____ trees somewhere on the property
Replacement trees must be planted within _____ months.

Date _____ Name _____ Permit # T _____