



City of Greenacres
Department of Development and
Neighborhood Services
Planning, GIS and Engineering Division
5800 Melaleuca Lane, Greenacres, FL 33463
Phone: 561-642-2052
Email: pnz@greenacresfl.gov

Landscape Application Information and Instructions

NOTE: This is a general outline and is subject to change.

- Single family homeowners may be their own contractor and submit their own Landscape Permit Application.
 - Properties other than single family homes shall have a licensed contractor submit a Landscape Permit Application.
 - Landscape Permit fees are based on the City's Fee Schedule as amended unless a fee exemption is requested and approved. **Fees shall be doubled for work done without a permit.**
 - Tree removal permits are required for all trees removed within the municipal limits unless: 1) it is a prohibited tree as listed in table 16-1312(a) of the Code of Ordinances, 2) the tree poses an unacceptable risk, if removal is, in the only means of practically mitigating its risk below moderate as outlined in **Best Management Practices-Tree Risk Assessment, Second Edition (2017)** and documented by a Florida licensed architect or arborist certified by the ISA; and 3) trees with a trunk less than one (1) inch in diameter measured at a point which is at least four and one-half (4 ½) feet above finished grade.
1. Complete the Landscape Permit Application and provide the submittal requirements listed. If replacement trees are required, a pamphlet outlining a list of recommended replacement trees is located on the City's webpage www.greenacresfl.gov.
 2. Submit the completed permit application, survey, documentation to the Building Division for processing. A Permit number will be issued to track your permit status.
 3. The permit application will be routed to the Planning, GIS and Engineering Division for review. If the documentation provided is incomplete, this office may perform a site inspection of the property to verify accuracy of the documents submitted with the permit application.
 4. If the permit is denied, the applicant will be notified for corrections to be made. **Submittal of a Landscape Permit Application does not constitute approval; the issuance of a Landscape Permit is required before and trees are removed from the subject property.**
 5. If the permit is approved, the permit shall be processed and routed back to the Building Division for permit issuance. The applicant will be notified when the permit is issued.
 6. Once the permit is issued, work can be performed in accordance with permit conditions.
 7. After all work is completed, the contractor must schedule an inspection. If a replacement tree is required, it must be installed prior to calling in for an inspection. If requested by Monday, this inspection will be performed on the next available Friday. The contractor or representative must be present at the inspection and all permit information must be readily available. To schedule a landscape inspection for the tree permit, contact the Building Division at 561-642-2062 or by email at inspections@greenacresfl.gov
 8. If the inspection fails, a re-inspection will be required and applicable fees may apply.
 9. Upon approval of the inspection, the permit will be closed.

NOTE: If the property is under citation from the Code Enforcement Division, the property agent must contact the Code Compliance Division at 561-642-2043 for information regarding compliance.

For further assistance, please call the Planning, GIS and Engineering Division at 561-642-2054, via email at pnz@greenacresfl.gov.



INTERNAL USE ONLY
 Date: _____
 Permit #: _____

LANDSCAPE PERMIT APPLICATION

Project Details
Address: _____
Property Control Number (PCN): _____
Total Value of Work: \$ _____ Type of Work: <input type="checkbox"/> Relocation <input type="checkbox"/> Removal <input type="checkbox"/> Site Clearing
Detailed Description of Work: _____ _____

Applicant Information	
Property Owner	Agent/ Contractor
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Submittal Requirements
<p>Please include the following in addition to this application. For more information, please reference the City of Greenacres Code of Ordinance Article VII regarding landscaping.</p> <p><input type="checkbox"/> A tree survey, or location map, condition assessment (good, fair, and poor),</p> <p><input type="checkbox"/> Photos of each tree being proposed for relocation or removal. If applicable, provide mitigation plan.</p> <p><input type="checkbox"/> If irrigation work is required, a Building Permit shall be submitted to the Building Division in conjunction with this application.</p> <p><input type="checkbox"/> Common Area and Nonresidential: Landscape Plan signed and sealed by a Florida licensed landscape architect is required unless waived by the Development and Neighborhood Services Director. If applicable, provide previously approved Landscape Plan with clouded proposed modification, etc..</p>

Tree List to be Complete by Applicant (Please add separate list as necessary) *					
Tree/Palm # Identified on Plan/Survey	Species / Botanical Name	Common Name	Caliper in inches for Tree/ Clear Wood or Clear Trunk in feet for Palm	Relocating (Y/N)	Removing (Y/N)

Landscape Inspection

- I confirm that the site will be clearly identified and accessible for the inspector to verify the accuracy of the tree survey.
- I acknowledge that a copy of the permit shall remain on site at all times prior to commencement of tree removal.
- The installer is responsible for having underground utilities located by calling 811 for proper location, prior to any digs.

Is there a locked gate or any reason that would hinder our access to your property for inspection?

No Yes (Please explain): _____

Applicant Acknowledgement and Certification

APPLICANT CERTIFICATION: I affirm and certify that I will comply with all provisions and regulations of the City of Greenacres. I further certify that all statements and diagrams submitted herewith are true and accurate to the best of my/our knowledge and belief. I understand that this application and attachments become part of the official record of the City of Greenacres.

- I acknowledge that tree replacement shall be required where minimum tree requirements are not met upon removal as authorized by this permit.
- I acknowledge that submittal of a permit application does not constitute approval, and the issuance of a Landscape permit is required before I remove any trees on the subject property.
- I acknowledge payment of a **non-refundable fee** with this application. The exemption for permits under the provisions set forth in Code Section 16-1249 must be met prior to submittal of Tree Removal permit application.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to the subject property that may be found in the public records. This permit does not ensure compliance with the Homeowners Association's rules, regulations and/or deed restrictions.

WARNING TO OWNER: Issuance of a permit by the City does not create any right on the part of an applicant to obtain a permit from any other local, state, or federal agency and does not create any liability on the part of the municipality for issuance of the permit if the applicant fails to obtain requisite approvals or fulfill the obligations imposed by a local, state or federal agency or undertakes actions that result in a violation of local, state or federal law.

FEE: Landscape Permit fees are based on the City's Fee Schedule as amended unless a fee exemption is requested and approved. **Fees shall be doubled for work done without a permit.**

Agent / Applicant Information

Agent / Applicant Name: _____ License No. (If applicable): _____

Company Name (If applicable) : _____

Signature: _____ Date: _____

Owner's Certification: I affirm that either I am the applicant, or that the applicant listed above is hereby authorized to represent me in all dealings regarding this permit with the City of Greenacres.

Owner Signature: _____ Date: _____