



**TREE & VEGETATION AFFIDAVIT**

**City of Atlantic Beach**

Community Development Department  
800 Seminole Road Atlantic Beach, FL 32233  
(P) 904-247-5800

**FOR INTERNAL OFFICE USE ONLY**  
PERMIT # \_\_\_\_\_

**SITE INFORMATION**

ADDRESS \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

RE# \_\_\_\_\_  RESIDENTIAL  COMMERCIAL  OTHER

**APPLICANT INFORMATION**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_  OWNER  LEGAL AUTHORIZED AGENT

I affirm that I have reviewed the provisions of Chapter 23, "Protection of Trees and Native Vegetation", of the Municipal Code of Ordinances for the City of Atlantic Beach Florida and/or I have participated in a pre-application meeting with the Administrator of those regulations. Subsequently, I affirm that no regulated trees and no regulated vegetation will be damaged, destroyed and/or removed from the above-described property and/or adjacent properties including right-of-way.

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT:** Signature of Property Owner(s) or Authorized Agent

\_\_\_\_\_  
SIGNATURE OF APPLICANT PRINT OR TYPE NAME DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT (2) PRINT OR TYPE NAME DATE

Signed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ State of \_\_\_\_\_  
\_\_\_\_\_ County of \_\_\_\_\_

Identification verified: \_\_\_\_\_

Oath Sworn:  Yes  No

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

My Commission expires \_\_\_\_\_