



PALM BEACH COUNTY Department of Environmental Resources Management
 2300 N. Jog Road West Palm Beach, Florida 33411-2743
 Telephone (561) 233-2400 Suncom 274-2400 Fax (561) 233-2414

APPLICATION FOR PROTECTION OF NATIVE VEGETATION APPROVAL

OWNER/AGENT:

VPA # _____
Fee / Date _____ / ____ / ____

Owner Name _____ Phone No. _____

Address _____ E-Mail Address _____

Applicant/Agent Name _____ Phone No. _____

Address _____ E-Mail Address _____

Control/Petition # _____ DRO Application _____

SITE LOCATION:

Project Name _____

Project Address _____

Section _____ Township _____ Range _____ Gross Site Acreage _____

Zoning District _____ Property Control No. _____

SITE ACREAGE AND VEGETATION:

DRO Preserve	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Tree Preservation Area	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Vegetated	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Wetlands	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Parcel cleared	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date vegetation was cleared	_____	

SUPPORTING DOCUMENTS (check as applicable) _____ Agent Owner Authorization

- | | |
|--|--|
| <input type="checkbox"/> Survey with existing easements | <input type="checkbox"/> Proof of Ownership (Warranty Deed) |
| <input type="checkbox"/> Property Control Numbers | <input type="checkbox"/> FLUCCS map |
| <input type="checkbox"/> Written description of project and impacts | <input type="checkbox"/> Proposed Utility Features |
| <input type="checkbox"/> Proposed Site Plan | <input type="checkbox"/> SWPP |
| <input type="checkbox"/> Proposed Drainage Features | <input type="checkbox"/> Wetland delineation |
| <input type="checkbox"/> Proximity to Natural Area | <input type="checkbox"/> Vegetation Surplus Form |
| <input type="checkbox"/> Proximity to Natural Waterway | <input type="checkbox"/> Statement of Endangered/ Threatened |
| <input type="checkbox"/> Vegetation Assessment | <input type="checkbox"/> Species or Species of Concern |
| <input type="checkbox"/> Tree Survey | <input type="checkbox"/> Tree Preservation Area |
| <input type="checkbox"/> Tabular Tree List with fate of tree | <input type="checkbox"/> Preserve Management Plan |
| <input type="checkbox"/> Incorporation Plan /Landscape/Mitigation Plan | |
| <input type="checkbox"/> Preserve Area Legal Description | |

VPA # _____

APPLICATION CERTIFICATION

I/We certify that the above statements and the statements made in any document or plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that this application, and attachments become part of the official records of the Palm Beach County Department of Environmental Resources Management (ERM) and that any related fees are not refundable. I/We understand that any knowingly false information given by me/us will result in the denial of the application. I/We further acknowledge that additional information may be required by Palm Beach County in order to process this application. I/We further certify that the vegetation to be removed is owned by the property owner and that no violation of any ULDC Chapter administered by ERM or any other County department exists on the property.

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____,

by, _____
(Name of Person Making Statement)

Signature of Notary Public-State of Florida
(Name of Notary Typed, Printed, or Stamped)

Signature of Owner/ Agent*

Print Name and Title

Street Address

City, State, Zip Code

Phone Number

Date

(NOTARY SEAL)

*** Attach Letter of Authorization**

Personally Known _____ OR

Produced Identification _____

Type of Identification
Produced _____