

**CITY OF PINELLAS PARK**  
**BUILDING DEVELOPMENT DIVISION**

Phone: 727-369-5647    Email: [buildingdevelopment@pinellas-park.com](mailto:buildingdevelopment@pinellas-park.com)



**LANDSCAPE APPLICATION**

PROJECT ADDRESS \_\_\_\_\_ PERMIT # \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

COMPANY \_\_\_\_\_ LICENSE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

QUALIFIER \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

**CHECK ALL THAT ARE APPLICABLE**

\_\_\_\_\_ **NO TREE VERIFICATION:** I, the undersigned, do hereby certify there are no trees in or near the proposed construction site, that are greater than 4 ½" in trunk diameter, nor are there any smaller trees that were a part of the initial landscape plantings.

\_\_\_\_\_ **TREE REMOVAL**

NUMBER OF TREES TO BE REMOVED \_\_\_\_\_

TYPE OF TREE TO BE REMOVED \_\_\_\_\_

*Is this a Medical Related Business: Yes/No  
If Yes, What? \_\_\_\_\_*

LOCATION: \_\_\_\_\_ (i.e.: Front, back or side)

DESCRIPTION OF WORK OR REASON FOR TREE REMOVAL \_\_\_\_\_

\_\_\_\_\_ **LAND CLEARING/GRUBBING** \_\_\_\_\_ **ACRES TO BE CLEARED**

\_\_\_\_\_ **LANDSCAPE** (COMMUNITY DEVELOPMENT AREA? \_\_\_\_\_ **YES/NO**)

It is understood that as prescribed by Article 9 of the City of Pinellas Park Land Development Code that no Land, Building erected, or Structure altered may be occupied or used until such time as a certificate of Occupancy/completion has been issued by the Building Development Division.

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

<i>For Office Use Only</i>			
<input type="checkbox"/> Fee	<input type="checkbox"/> No Fee	<input type="checkbox"/> Replant(s) Required	<input type="checkbox"/> No Replant(s) Required
Type of replant(s) _____		Number _____	
Comments _____			
_____			
Initials _____			