

INSPECTION REQUEST

City of Palm Coast
Urban Forestry Division
Landscaping Services
(386) 986-3758

Date: _____

This request is for: _____ Wildfire identification request
(please complete address of violation and contact name
and number if you would like a response)

_____ Tree removal

_____ Hazard tree identification

Property address: _____

Tree Removal:

Describe the number, type and approximate location of tree(s) to be trimmed and/or removed and reason for removal:

Property owner: _____

Mailing address: _____

City, State, Zip: _____

Daytime telephone #: _____

Requestor name: _____

Mailing address: _____

City, State, Zip: _____

Daytime telephone #: _____

NOTICE: Completion of this request form does not guarantee approval. An inspector will telephone you within one week from receipt of this request to inspect your property. Permits will only be issued to the property owner or his/her agent that has supplied a written request from the owner naming that agent as the approved requestor. Please make every effort to be available at the scheduled appointment. In the event that you are not able to be present, please mark the trees for which you are requesting this inspection with survey ribbon or fluorescent spray paint.