



Town of Windermere

P.O. Drawer 669 Windermere, FL 34786
Office: (407) 876-2563 Fax: (407) 876-0103

TREE REMOVAL PERMIT

Fee: \$15.00

DATE: _____

PROPERTY OWNER: _____

ADDRESS: _____

PHONE NO.: _____

CONTRACTOR : _____

PHONE NO: _____

NUMBER & TYPE OF TREES TO BE REMOVED: _____

Location of tree(s) and identifying marking _____

DIAMETER OF TREES BEING REMOVED: _____

REASON FOR
REMOVAL: _____

Office Use Only

Parcel ID _____

DATE OF INSPECTION: _____ BY: _____

REMARKS: _____

The owner is required to replace _____ trees somewhere on their property.
Replacement trees must be planted within _____ months.
Call Sherry at 407-876-2563 ext. 27 for reinspection.

Date _____ Name _____ Address _____ Permit # TO _____