Tree Removal Application (A)



DATE RECEIVED: 102925

APPLICATION # 511

CUSTOMER # FORWA Ø 34

INVOICE #: T2509508

SUPERINTENDANT APPROVED: Y N

COMMISSION APPROVAL DATE: NOV?

ase select one:		
☐ Single Family (1 Site) Administrative ☐	Commercial / All Other Administ	trative
☐ Single Family (1 Site) Public Hearing	Commercial / All Other Public H	earing
APPLICANT: Dan-Nico Properties		
(As Shown on Deed or	Articles of Incorporation)	
Name of Person Applying: Justyna Gale, Forwa	ard Planning & Design	
Mailing Address: 19046 Bruce B. Downs Boulev	ard, #308	
City: Tampa	State: Florida	Zip: 33647
Email: Justyna@fwdplanning.com	Phone: (352) 514-	6158
City: Boca Raton	State: Florida	Zip: 33432
Owners Name: Dan-Nico Properties Mailing Address: 424 NE 2nd Street		
City: Boca Raton	State: Florida	Zip: 33432
2.77		
Email: BHerbert@galloherbert.com	Phone: (954)461-	6625
Email: BHerbert@galloherbert.com 3. SPECIFIC LOCATION OF SUBJECT PROPER Address/Location: 2250 S State Road 29	Phone: (954)461-	6625 LICATION:
Email: BHerbert@galloherbert.com 3. SPECIFIC LOCATION OF SUBJECT PROPER Address/Location: 2250 S State Road 29 City: Labelle	Phone: (954)461-6 RTY AFFECTED BY THIS APP State: Florida	6625
Email: BHerbert@galloherbert.com 3. SPECIFIC LOCATION OF SUBJECT PROPER Address/Location: 2250 S State Road 29	Phone: (954)461-6 RTY AFFECTED BY THIS APP State: Florida	6625 LICATION:
Email: BHerbert@galloherbert.com 3. SPECIFIC LOCATION OF SUBJECT PROPER Address/Location: 2250 S State Road 29 City: Labelle Tax Parcel I. D. #: 1 29 43 20 A00 0002.020 4. SUMMARY OF APPLICANT'S REQUEST: Applicant requests to move (7) seven significant.	Phone: (954)461-6 RTY AFFECTED BY THIS APP State: Florida Cant Oaks on the property. T	LICATION: Zip: 33935 he internal location
Email: BHerbert@galloherbert.com 3. SPECIFIC LOCATION OF SUBJECT PROPER Address/Location: 2250 S State Road 29 City: Labelle Tax Parcel I. D. #: 1 29 43 20 A00 0002.020 4. SUMMARY OF APPLICANT'S REQUEST: Applicant requests to move (7) seven significant of the Oaks makes preservation impractical	Phone: (954)461-6 RTY AFFECTED BY THIS APP State: Florida cant Oaks on the property. T	LICATION: Zip: 33935 he internal location ant Oaks near
Email: BHerbert@galloherbert.com 3. SPECIFIC LOCATION OF SUBJECT PROPER Address/Location: 2250 S State Road 29 City: Labelle Tax Parcel I. D. #: 1 29 43 20 A00 0002.020 4. SUMMARY OF APPLICANT'S REQUEST: Applicant requests to move (7) seven significant.	Phone: (954)461-6 RTY AFFECTED BY THIS APP State: Florida cant Oaks on the property. T for development, All Significated areas will be preserved.	LICATION: Zip: 33935 he internal location and Oaks near and protected

5. PLEASE PROVIDE THE FOLLOWING ITEMS TO:

<u>MWills@citylabelle.com</u> and <u>KimBarselou@citylabelle.com</u> or City Hall, 481 West Hickpochee Avenue, LaBelle, FL 33975

- A. Completed Tree Removal Application Form

 B. Affidavit of Ownership (Notarized)

 C. Agent Authorization (Notarized): The name of all parties having interest in the subject property and certification that the applicant is authorized to sign the application as owner or authorized agent.

 D. Proof of Ownership: A copy of the tax bill or a printout from the Property Appraisers office is required with a legal description.

 E. Narrative & Mitigation Statement: Written narrative explaining the existing conditions (number, location, species and size of existing significant oak trees); why the significant oak trees prevent reasonable development of the property; what alternatives have been considered by the applicant; description of method of tree removal or relocation (where applicable); and description of mitigation plan (number, location, species and size of oak trees proposed for planting), and details of off-site mitigation planting location (where applicable).

 F. Existing Conditions Exhibit/Drawing: Drawing demonstrating the property boundary and location and type of significant oak tree(s) proposed for removal on 8 ½" x 11" paper (minimum size) with legible text showing all data pertinent to the application including the following:
 - 1. Date of drawing
 - 2. Scale
 - 3. North arrow
 - 4. Name of person or firm preparing the plan
 - 5. Property boundary
 - 6. Trees proposed for removal, size and name of species
 - 7. Existing physical improvements including but not limited to existing building, access points, driveways, parking areas, easements (utility, drainage, electric).
- G. Proposed Conditions Exhibit/Drawing: Drawing demonstrating the property boundary and location and type of proposed mitigation tree planting on 8 ½" x 11" paper (minimum size) with legible text showing all data pertinent to the proposed mitigation, including at least the following:
 - 1. Date of drawing
 - 2. Scale
 - 3. North arrow
 - 4. Name of person or firm preparing the plan
 - 5. Property boundary
 - 6. Trees proposed for removal, size and name of species
 - 7. Existing physical improvements including but not limited to existing building, access points, driveways, parking areas, easements (utility, drainage, electric).

N/A	H. Verification Letters (where applicable): Letter from a certified arborist, licensed landscape architect in the State of Florida, or other suitable expert verifying health of trees (only required where removal is requested due to failing health of the tree) AND/OR letter from certified engineer in the State of Florida verifying the tree proposed for removal is causing structural damage to existing structures (only required where applicable).
X	_ I. Certified Boundary and Tree Survey: Required for commercial public hearing applications. May be required for single family public hearing applications.
	_ J. Additional Data: Any additional data, materials or information deemed necessary by the Superintendent of Public Works or the city commission to make a determination. If additional documents are required, they shall become a part of this permit.
×	_ K. Application Fee: Check made payable to "City of LaBelle". See the fee schedule on our website. City of LaBelle

ATTENTION:

This application must be completed (please type or legibly print) and submitted, with all requirements herein, to the Superintendent of Public Works, at City Hall 481 W. Hickpochee Ave., LaBelle, FL 33975 or via email to: mwills@citylabelle.com and kimbarselou@citylabelle.com. This application must be signed by the owner or the designated agent. If the applicant is different than the owner of the subject property, then an agent affidavit in a form approved by the City of LaBelle is required from the owner of the property. The agent affidavit must be completely filled out and submitted with this application. If the property is in multiple ownerships, then all owners or their designated agent(s) must sign this application. All owners of property that will be affected by this application must either sign this application or fill out an agent affidavit.

The applicant is fully responsible for researching and knowing any and all laws which may be applicable and affect the outcome of any decision on the applicant's request. The City of LaBelle assumes no responsibility or liability relating to the failure of research and know all applicable laws including, but not limited to, state, federal and city laws, codes land development regulations or the adopted comprehensive plan. The city strongly recommends that all applicants consider consulting an attorney regarding their application.

Other Permits: Copies of all necessary state and federal permits must be submitted prior to the commencement of construction work on the site. The City of LaBelle is not responsible for determining applicable State and Federal permits.

PUPLIC HEARING APPLICATION - CITY COMMISSION ACTION:

If this application cannot be approved by administrative review, by the Superintendent of Public Works or their assignees, it will be forwarded to the City Planner to go before the city commission through the Public Hearing process for review. This process can take approximately two to three months from start to finish. The applicant will be responsible for all expenses for advertisements and outside consultants.

AFFIDAVIT OF OWNERSHIP (B)

I, BRIAN P. HERBERT certify that I am the owner or authorized					
representative of the property described herein, and that all answers to the questions in this					
application and any site plans, data or other supplementary matter attached to and made a part of					
this application, are honest and true to the best of my knowledge and belief.					
Signature of Authorized Agent Date					
BRIAU P. HERBERT, MANAGEL Print or Type Name of Person Signing Above					
Name of Owner/Agent Entity if a Corporation, L.L.C., Partnership, or Trust					
Representative capacity of person signing Affidavit: President or Vice President of Corporation, Managing Member of L.L.C., General Partner or Trustee					
STATE OF HOVI da COUNTY OF Broward					
The foregoing instrument was sworn to (or affirmed) and subscribed before me on By P. Herbert Name of Person Providing Oath or Affirmation					
who is personally known to me of who has produced					
Type of Identification as identification.					
NOTARY PLIBLIC STAMP/SEAL: MY COMMISSION EXPIRES 6-26-2027 Printed Name of Notary Public					

City of LaBelle Tree Removal Application 11.12.2024 Page 4 of 5

AGENT AUTHORIZATION (C)

		hat they are the fee simple title holde	
of property commonly	known as REGID	axes at gravo o	KS and
legally described in Ex	hibit "D" attached he	reto.	
We hereby designate _	Robert Haught and	Justyna Gale, Forward Planning & D	esignas the
legal representative of	the property in the co	puse of seeking approval of this appli	cation. This representative
will remain the only en	tity to authorize deve	elopment activity until such time as a	new or amended authorization
is delivered to the City	of LaBelle.		
	1	M)	3 12 25 Date MANAGEN
	Signature	of Authorized Agent	Date
		SN P. HERBERT	MANAGER
		pe Name of Person Signing Abov	/è
		J. NICO PROPERTI	
		Owner/Agent Entity if a Corporation	on, L.L.C., Partnership, or
	Trust		
	<u> </u>	NAGER ative Capacity of Person signing A	A ffidovit: President or Vice
		of Corporation, Managing Member	
	or Trustee		,
STATE OF	orida	county of Bro	ward
The foregoing instr	ument was sworn to	(or affirmed) and subscribed before	ore me on
3/12/2	5 by	Brian P. Herk	sert.
Date		Name of Person Providing Oath of	or Affirmation
who is personally kno	own to me o who has	s produced	
as identification.		Type of Iden	tification
as identification.			
NOTARY PUBLICATION OF THE PUBLIC	R CHAROUS	Signature of Notary Public	Chalot
	Color In	ILEATIED	CILARDOT
MYCO	MMISSION 5 6-26-2027	Printed Name of Notary Publ	lic
EXPIRE Q. (A)	8	1 Timed Traine of Irotary 1 do.	-27
ATE .	OF FLORING SETUTION	Commission Expires	01
" ANTON	MIMBER	Commission Expires	

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