

**HILLSBOROUGH COUNTY NATURAL RESOURCES PERMIT APPLICATION
SUBDIVISION & SITE DEVELOPMENT PROJECTS**

Date Submitted:	Application (C, S)
TO BE COMPLETED BY APPLICANT(S): The Owner or Authorized Agent hereby applies for a Permit for the purpose of performing the following activity(ies). (Mark as applicable):	
	Tree Removal (number, trunk diameter, type):
	Grubbing (type of vegetation):
	Cleaning (type of vegetation):
	Grading
	Excavating (cubic yards to be removed off-site):
	Filling (type, source and cubic yards):
	Required Landscaping:
Reason(s) for activity(ies) (Mark as applicable)	
	Subdivision Infrastructure Development
	Subdivision Lot Development (Specify by Block and Lot)
	Commercial Project (e.g., multi family residential, mobile home park, office, retail, church, fire station, wastewater treatment plant, industrial complex, etc.)
	Tree Transplanting (on a separate sheet, indicate the proposed transplanting methods)
	Unhealthy or Damaged Tree(s)
	Other (Specify):
ZONING INFORMATION	
Is this property being rezoned? <input type="checkbox"/> YES <input type="checkbox"/> NO. If yes, to what zoning district? _____	
Zoning Petition Number: _____	
Current land use of property: _____	
Have you been counseled by a Planning & Growth Management staff member? <input type="checkbox"/> YES <input type="checkbox"/> NO. If yes, by whom? _____	
Any zoning or code violation? <input type="checkbox"/> YES <input type="checkbox"/> NO. If yes, what is the nature of the violation? _____	
CEB Case #	

Project Title / Owner:			
Address of Property:			
Subdivision Name:	Block:	Lot:	
Section/Township/Range:	Folio #		
Directions to Property:			
Contact's E-mail Address:			
Owner's Name (Print)		Telephone:	
Address	City	State	Zip Code
Applicant's Name (Print, if other than Owner)		Telephone:	
Address	City	State	Zip Code
Person, Firm or Corporation to physically conduct the land alteration/tree removal activity:			Telephone:
Address	City	State	Zip Code
<p>I HEREBY CERTIFY that this application, as well as any plans, tree survey, and environmentally sensitive area delineation submitted herewith, are a true representation of all facts concerning the proposed land alteration/tree removal/landscaping activity(ies). This application is made with my approval as Owner or Authorized Agent for the Owner, as evidenced by my signature below. FOR THE DURATION OF THE NATURAL RESOURCES PERMIT, IF ISSUED, I ASSUME LEGAL RESPONSIBILITY FOR ANY AND ALL VIOLATIONS OF THE HILLSBOROUGH COUNTY LAND DEVELOPMENT CODE AND PERMIT CONDITIONS ON THE PROPERTY DESCRIBED ABOVE.</p>			
Signature of Owner or Authorized Agent			Date
Please Print Name Here			
OFFICE STAFFF USE ONLY			
APPLICATION NUMBER: NR# _____			
ACREAGE: _____			
SECTION _____	TOWNSHIP _____	RANGE _____	
CURRENT ZONING _____	ATLAS PAGE _____		
GENERAL LOCATION _____			

STAFF'S INITIALS _____	RECEIPT # _____		
AGRICULTURAL EXEMPTION JUSTIFIED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NRL PERMIT REQUIRED:	<input type="checkbox"/> NR (O)	<input type="checkbox"/> NR (G)	<input type="checkbox"/> NR (C) <input type="checkbox"/> NRSFD
EPC FEE _____	NATURAL RESOURCES FEE _____		
GRAND OAKS FEE _____			

