



TREE REMOVAL PERMIT APPLICATION

City of Atlantic Beach

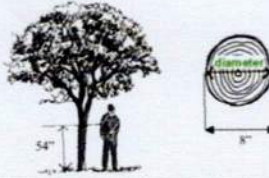
Community Development Department
800 Seminole Road Atlantic Beach, FL 32233
(P) 904-247-5800

FOR INTERNAL OFFICE USE ONLY

CLASSIFICATION _____

PERMIT # TREE24-0058

PERMIT REQUIRED FOR REMOVAL
OF TREES 8 INCHES DIAMETER AT
BREAST HEIGHT AND GREATER



PERMIT FEES

- ☐ Single- / Two-Family Residential \$125.00
- ☐ Other \$250.00

SITE INFORMATION

ADDRESS 1793 PARK TERRACE EAST

APPLICANT INFORMATION

NAME MEGAN NIEMCZYK ☒ OWNER ☐ LEGAL AUTHORIZED AGENT

ADDRESS 1793 PARK TERRACE EAST CITY A.B. STATE FL ZIP CODE 32233

PHONE # 904-246-1500 EMAIL M.NIEMCZYK@UNF.EDU

REASON FOR TREE REMOVAL

3 TREES ARE IN THE FOUNDATION OF ADDITION & 1 TREE IS DYING

TREE REMOVAL PERMIT APPLICATION PACKAGE CHECKLIST

PLEASE ATTACH THE FOLLOWING EXHIBITS:

*Additional information may be required, depending upon circumstances unique to individual applications

- ☐ EXHIBIT A - TREE PERMITTING PROCESS
- ☐ EXHIBIT B (Option 1) - PROOF OF OWNERSHIP: Copy of Warranty Deed that verifies record of owner
- ☐ EXHIBIT B (Option 2) - LETTER OF AUTHORIZATION: Please complete if the applicant is not the owner
- ☐ EXHIBIT C - TREE INVENTORY and SITE PLAN
- ☐ EXHIBIT D - TREE WORKSHEET

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT. I AGREE TO COMPLY WITH ALL PROVISIONS OF CHAPTER 23 (PROTECTION OF TREES AND NATURAL VEGETATION) AND ALL OTHER APPLICABLE CODES AND ORDINANCES OF THE CITY OF ATLANTIC BEACH.

Meghan Niemczyk
SIGNATURE OF OWNER or AGENT

Meghan Niemczyk
PRINT OR TYPE NAME

10/21/24
DATE

Signed and sworn before me on this 21st day of Oct, 2024 by _____ State of FL
County of Duval

Identification verified: FL DL

Oath Sworn: ☐ Yes ☒ No



Camila Avila Leivas
Notary Signature

My Commission expires July 28 2028



EXHIBIT A: TREE PERMITTING PROCESS

City of Atlantic Beach

Community Development Department

800 Seminole Road Atlantic Beach, FL 32233

(P) 904-247-5800

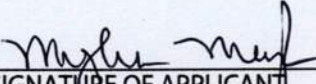
This document provides a general guide of the tree removal permitting process. For complete information on permitting procedures see Section 23-23. Please sign the bottom of this page to **certify** that you have read this document and understand the permitting process.

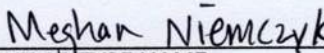
BEFORE PERMIT ISSUANCE

1. Submit Completed Application
 - All trees on property must be labeled on Exhibits C and D.
2. Schedule Inspections
 - All trees to be removed must be labeled with red or orange tape or ribbon and numbered per Exhibit C.
 - If there is construction on property, a barricade inspection will also be done at this time.
Call for more information at (904) 247-5847.
3. Mitigation Assessment
 - Mitigation shall be in the form of preservation or relocation of existing trees, replacement with new trees or payment into the tree fund. See Section 23-33 for more information.
 - Staff will review the trees proposed for removal and send the applicant a Tree Permit Calculations sheet which outlines mitigation that is owed.
4. Proposed Mitigation Replacement Plan
 - Submit a mitigation replacement plan within 30 days of receiving the mitigation calculations.
 - The proposed plan must include a site plan, proposed species, and size(s). Plans must account for all inches owed.
 - **A MITIGATION PLAN MUST BE SUBMITTED AND APPROVED PRIOR TO REMOVAL OF IDENTIFIED TREES.**

AFTER PERMIT ISSUANCE

5. Permit Issuance
 - When the permit is approved, staff will place a sign in the yard and contact the applicant. This sign must remain until the permit is finalized.
 - If paying for mitigation, payment must be made within 7 days following the issuance of the permit.
6. Mitigation Replacement
 - Replacement trees must be planted within 30 days of permit issuance or prior to issuance of a Certificate of Occupancy or Certificate of Completion.
7. Final Inspection
 - After trees are planted and/or construction is complete, a final inspection must be scheduled.
 - Trees planted, preserved and relocated must survive three (3) years following the date the permit is finalized.


SIGNATURE OF APPLICANT


PRINT OR TYPE NAME

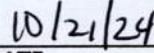

DATE



EXHIBIT B: LETTER OF AUTHORIZATION

City of Atlantic Beach

Community Development Department
800 Seminole Road Atlantic Beach, FL 32233
(P) 904-247-5800

****Please complete if applicant is not the owner**

OWNER INFORMATION

NAME MEGAN NIEMCZYK PHONE # 904-246-1500
ADDRESS 1793 PARK TERRACE EAST EMAIL M.NIEMCZYK@UNF.EDU
CITY A.B. STATE FL ZIP CODE 32233

AGENT INFORMATION

NAME _____ PHONE # _____
ADDRESS _____ EMAIL _____
CITY _____ STATE _____ ZIP CODE _____

_____ is hereby authorized to act on behalf of
_____ the owner(s) of those lands described
in the attached application and as described in the attached warranty deed or other such proof of ownership as may
be required in applying to the City of Atlantic Beach, for an application related to a Tree and Vegetation Removal Permit.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT: Signature of Property Owner(s)

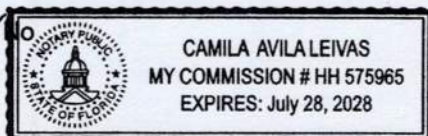
Megan Niemczyk Megan Niemczyk 10/21/24
SIGNATURE OF OWNER PRINT OR TYPE NAME DATE

SIGNATURE OF OWNER #2 _____ PRINT OR TYPE NAME _____ DATE _____

Signed and sworn before me on this 21st day of Oct, 2024 by _____ State of FL
County of Duval

Identification verified: FL DL

Oath Sworn: ☐ Yes ☒ No



Camila Avila Leivas
Notary Signature

My Commission expires July, 28, 2028



EXHIBIT C: TREE INVENTORY and SITE PLAN

City of Atlantic Beach

Community Development Department

800 Seminole Road Atlantic Beach, FL 32233

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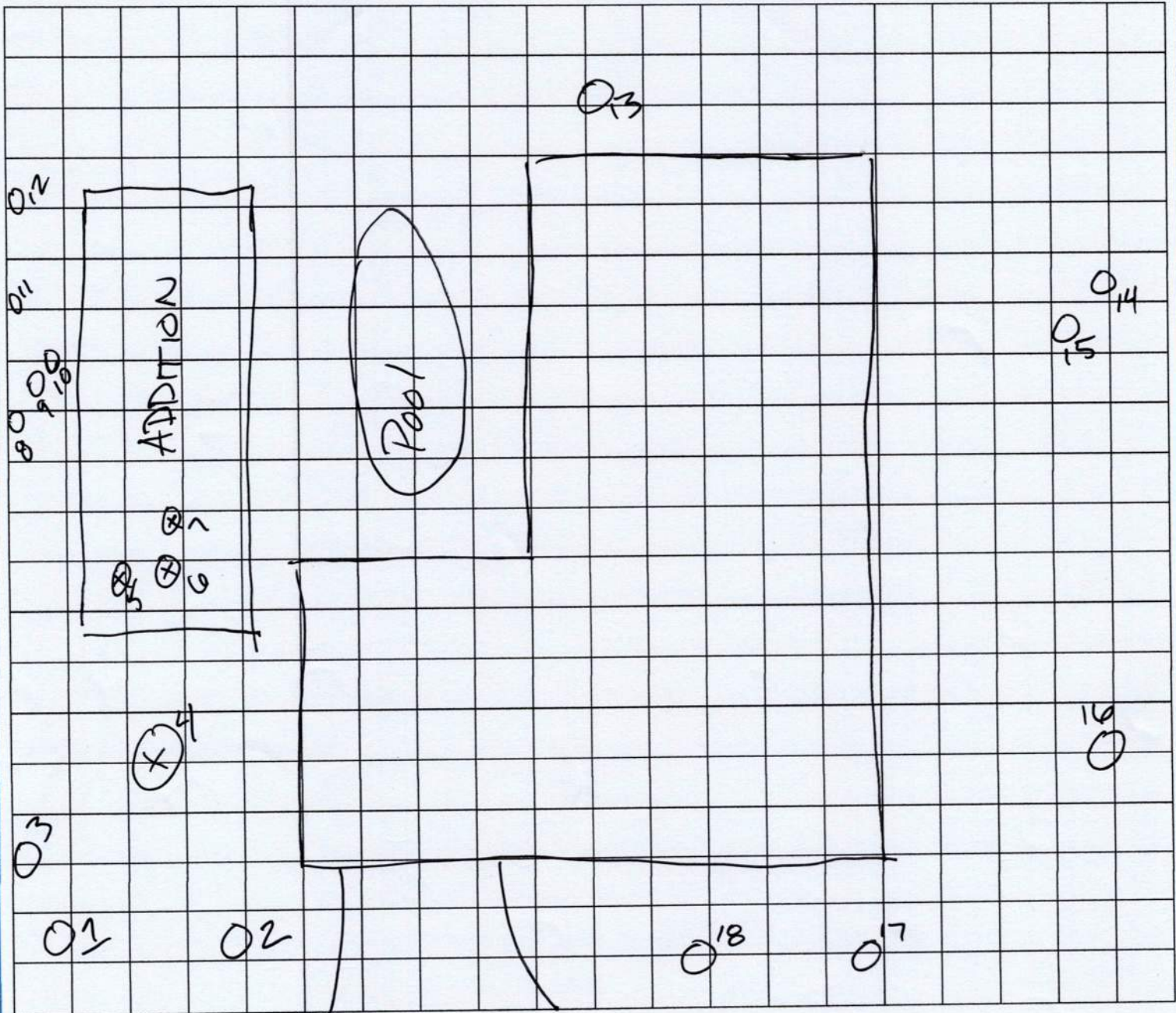
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CLASSIFICATION _____

PERMIT # _____

TREE INVENTORY-Please sketch an inventory in the area below or attach a site plan showing all existing trees on the property below that are 8" diameter at breast height (dbh) and greater. Please complete the following:

- Show the location of all trees to be removed with an "X"
- Show the location of all trees to be preserved with "[]"
- Show the location of all trees to be relocated with an "O"
- Show all existing and/or proposed buildings
- Number all trees and list on EXHIBIT D: Tree Worksheet



PREPARED BY: _____

SCALE: 1 SQUARE = _____



EXHIBIT D: TREE WORKSHEET

City of Atlantic Beach

Community Development Department

800 Seminole Road Atlantic Beach, FL 32233

(P) 904-247-5800

List the species and diameter at breast height (dbh) of all trees identified on EXHIBIT C (attach additional pages as needed).

ID	DBH	SPECIES	"X"= removing	"["= preserving	"O"= relocating	COMMENTS (for use by City Staff)
1	14"	OAK		●		
2	15"	OAK		●		
3	24"	OAK		●		
4	20"	OAK	●			
5	9"	OAK	●			
6	8"	OAK	●			
7	16"	OAK	●			
8	12"	PALM		●		
9	12"	PALM		●		
10	12"	PALM		●		
11	16"	PALM		●		
12	14"	PALM		●		
13	16"	WATER OAK		●		
14	10"	PALM		●		
15	15"	PALM		●		
16	42"	PINE		●		
17	5"	OAK		●		
18	5"	OAK		●		
19						
20						
21						
22						
23						
24						
25						



EXHIBIT C: TREE INVENTORY and SITE PLAN

SAMPLE

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- Number all trees and list on EXHIBIT D: Tree Worksheet

ID	DBH	SPECIES	"X"= removing	"[]"= preserving	"O"= relocating	COMMENTS (for use by City Staff)
1	10"	Palm	●			
2	10"	Palm	●			
3	10"	Palm	●			
4	20"	Sycamore		●		
5	13"	Elm		●		
6	24"	Live Oak		●		
7	8"	Holly		●		
8	14"	Pine		●		
9	11"	Palm		●		
10	17"	Pine		●		
11	10"	Palm			●	
12	20"	Oak			●	
13						
14						
15						
16						
17						
18						
19						
20						

PREPARED BY: _____

SCALE: 1 SQUARE = _____



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