

# Land Clearing & Grading Permit Application

Osceola County Development Review Department  
1 Courthouse Square, Suite 1400  
Kissimmee, Florida 34741  
(407)742-0200 - Main / (407)742-0205 - Fax

Permit #: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

## Commercial and Subdivision Application

- The site plan is required to indicate the limits of clearing.
- Please complete this application, as an incomplete application will not be accepted.

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

EIP or CU Number: \_\_\_\_\_ PS & FS Number: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

\_\_\_\_\_  
Property Owner's Name

\_\_\_\_\_  
Contractor's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_ Number of Trees Removed

\_\_\_\_\_ Number of Trees Reserved

\_\_\_\_\_ Gopher Tortoise Permit Required (Y/N)

If Yes, provide the permit number: \_\_\_\_\_

\_\_\_\_\_ Wetland Mitigation Permit Required (Y/N)

If Yes, provide the permit number: \_\_\_\_\_

### \*\*\*\*\*NOTICE\*\*\*\*\*

This permit application shall be deemed abandoned six (6) months after the date of filing for the permit, unless before then a permit has been issued. One extension of time, for a period of no more than ninety (90) days, **MAY** be allowed by the Development Review Department for the application, provided the extension is requested in writing and justifiable cause is demonstrated.

Application is hereby made for a permit to clear land as indicated. I agree to assume full responsibility for the removal of said tree(s) for compliance with the applicable County laws. **Application of permit is not approval for clearing.** The granting of a permit does not presume to give authority to violate the provisions of any other applicable Federal, State, or local laws and/or ordinances.

**NOTE: Silt fence and tree protection is required to be installed prior to issuance of permit. Call (407)742-0200 for an inspection.**

Please Check One:    ( ) Contractor            ( ) Qualifier            ( ) Owner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date