



Town of Redington Beach

This permit must be posted in a conspicuous location

TREE REMOVAL PERMIT

PROPERTY OWNER'S NAME: _____

PROPERTY ADDRESS: _____

PHONE #: _____

CONTRACTOR'S NAME: _____

ADDRESS: _____

PHONE #: _____

DESCRIPTION OF WORK: _____

- PROOF OF INSURANCE
- VALID OCCUPATIONAL
LICENSE

- FEES PAID IN THE AMOUNT OF
\$ _____
CASH / CHECK # _____

OF TREES TO BE REMOVED

SIGNATURE OF TOWN OFFICIAL

DATE