

**NO TREE AFFIDAVIT
CITY OF PORT ST. LUCIE
PLANNING AND ZONING DEPARTMENT**

Property of Proposed Improvements

PROPERTY INFORMATION – all information must be filled out

Street Address: _____

Legal Description: _____
(Include Plat Book and Page)

Parcel I.D. Number: _____

Property size: _____ Zoning: _____

Proposed Improvement(s): _____

Project Title, if applicable _____

I, the undersigned, do swear under penalty of perjury, that no tree(s) twelve (12) inches or greater in trunk diameter at 4 ½ feet above the ground surface exists on the property described above.

I understand that any misrepresentation by me on this Affidavit voids any permit or exemption that I might attain based upon this Affidavit, and will lead to appropriate legal action against me:

Signed: _____
Print Owner or Authorized Agent (Please)

Signed: _____
Signature of Owner or Authorized Agent

Date: _____

Notary Signature: _____

Print Name: _____

Notary Stamp: