

THE FLORIDA STATE UNIVERSITY

Facilities

TREE PRUNING/REMO	VAL PERMIT RE	QUEST		
Request Submitted By: Address:				_
			Response Req'd by Date:	
Email:	Phone:	-	<u></u>	
Tree Location/GPS Coordinates:				_
Construction Project Name:				_
FSU Project Manager:				_
Description of Work Proposed: (i.e. removal, prune, relocate, mitigate, etc.)				- -
Tree Type(s):				
	2 = Contri 3 = Wetla 4 = Tree(s	butes to canopy v nd tree(s) any size	e er or 4" in lot perimeter zone	
Species of Tree(s) to Be Remove	d:			
Number	Species/Type		DBH (inches) DBH (inches) DBH (inches) (DBH = dia. at 4 1/2 ft. above ground)	
Reason(s) for Removal/Pruning:				
☐ Dead ☐ Severe decay/rot ☐ Pathogen	☐ Insect infestation☐ Disease (fungal)☐ Structural damage	<u> </u>	Utilities conflict nfrastructure damage Other (specify)	_
Description of work other than I	removal:			
				-
Assessed Value:				
Arborists Report: A	ttached	(date)	Photos: Included	
		Permit Is:	Approved Denied	
			for FSU Grounds Department date	