



Town of Loxahatchee Groves

155 F Road • Loxahatchee Groves, Florida 33470 • Telephone (561) 807-6670 • www.loxahatcheegrovesfl.gov

There is an application fee of \$2,000.00 and an additional escrow deposit of \$2,000 per residential project or \$5,000 per commercial project that are payable by check or credit card. If paying by check it may be made out to the Town of Loxahatchee Groves. Completed forms may be submitted electronically on the MGO Permitting Portal: <https://www.mgoconnect.org/cp/portal>

VEGETATION REMOVAL PERMIT (VRP) APPLICATION

Date Received	
General Control Number	
Application Fee: \$2,000	
Fee Receipt Number	

General Data

Project Name	
Property Location Address	
Parcel Control Number(s)	
PAPA Use Code (staff to assign)	
Land Clearing Request	
Number of Acres	

Site Data

Existing Land Use	
FLU Designation	
Zoning District	
Proposed Land Use	
Proposed FLU Designation	
Proposed Zoning District	
Frontage	
Plat, Subdivision, Legal Lot of Record	

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Owner Information

	Owner A	Owner B
Name		
Street Address		
City, State, Zip		
Phone Number		
Email Address		

Agent Information

Name	
Organization/Company	
Street Address	
City, State, Zip	
Phone Number	
Email Address	
Relationship to Property	

Person or Firm to Perform the Vegetation Removal

Name	
Street Address	
City, State, Zip	
Phone Number	
Email Address	
Type (Lessee, Contract Purchaser, Other)	

Required Attachments (Check those attached)

- [] Certified Survey with locations and a corresponding list, in EXCEL format, of native trees to be retained, relocated and removed
- [] Approved Site Plan or Concept Plan of proposed site improvements
- [] **Attachment A** – Applicants Ownership Affidavit
- [] **Attachment B** – Agent Consent Form
- [] **Attachment C** – Tree Mitigation Tables (to be completed by staff)
- [] **Attachment D** – Tree Replacement Plan (to be completed by owner after staff completes Attachment C)

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Attachment A – Applicants Ownership Affidavit

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

_____ /

BEFORE ME THIS DAY PERSONALLY APPEARED _____, WHO BEING
DULY SWORN, DEPOSES AND SAYS THAT:

1. He/she is the owner of the real property whose Parcel Control Number is _____;
2. He/she understands any application fee(s) is/are non-refundable and in no way guarantees approval of the request;
3. The statements within the application are true, complete and accurate;
4. He/she understands that all information within the application is subject to verification by Town staff;
5. He/she understands that false statements may result in denial of the application; and
6. He/she understands that he/she may be required to provide additional information and fees within a prescribed time period and that failure to provide the information and fees within the prescribed time period may result in the denial of the application.

FURTHER AFFIANT SAYETH NOT.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ (Name of Person Acknowledging) who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

(Signature of Person Taking Acknowledgement)

Applicant's Signature

(Name of Acknowledger Typed, Printed or Stamped)

Applicant's Name (Print)

(Title or Rank)

Street Address

(Serial Number, if any)

City, State, Zip Code

(Notary's Seal)

(_____)_____
Telephone

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Attachment B – Agent Consent Form

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

_____/

BEFORE ME THIS DAY PERSONALLY APPEARED _____, WHO BEING
DULY SWORN, DEPOSES AND SAYS THAT:

- A. He/she is the owner of the real property whose Parcel Control Number is _____;
- B. He/she authorizes and designates _____ to act in his/her behalf for the purposes of seeking a Vegetarion Removal Permit for said property.
- C. He/she has examined the above listed application(s) and he/she understands how the proposed clearing may affect said real property.

FURTHER AFFIANT SAYETH NOT.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ (Name of Person Acknowledging) who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

(Signature of Person Taking Acknowledgement)

Owner's Signature

(Name of Acknowledger Typed, Printed or Stamped)

Owner's Name (Print)

(Title or Rank)

Street Address

(Serial Number, if any)

City, State, Zip Code

(Notary's Seal)

(_____)_____
Telephone

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Attachment C – Tree Mitigation Tables

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Attachment D – Tree Replacement Plan

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