

# MIAMI BEACH

City of Miami Beach, 1700 Convention Center Drive,  
Miami Beach, Florida 33139, www.miamibeachfl.gov  
URBAN FORESTRY DIVISION, Tel: 305-673-7722

## TREE RELOCATION FORM

Date: \_\_\_\_\_ Tree Permit #: \_\_\_\_\_

Project Location: \_\_\_\_\_

ISA Certified Arborist or Registered Consulting Arborist Name: \_\_\_\_\_

ISA Certified Arborist or Registered Consulting Arborist Credentials: \_\_\_\_\_

Holding Area relocations will be during construction (address): \_\_\_\_\_

How often will the relocated tree(s)/palm(s) be watered: \_\_\_\_\_

**\* A SIGNED & SEALED RELOCATION LANDSCAPE PLAN MAY BE REQUIRED.**

NUMBER	NAME	D.B.H. (IN)	ROOTBALL DIAMETER	SIZE OF HOLE	ROOT PRUNED FOR HOW LONG? (Prior to Relocation)

I \_\_\_\_\_ agree to be present at the time of the relocation to conduct/supervise the work required to relocate the tree(s)/palm(s) in compliance with standards set forth in the most recently published edition of the American National Standards Institute ANSI A-300 Standards and in accordance to the specifications of this plan.

<b>CERTIFIED ARBORIST SIGNATURE:</b>	
<b>CERTIFIED ARBORIST CONTACT INFO: EMAIL/PHONE NUMBER</b>	