



**CITY OF FLAGLER BEACH  
BUILDING DEPARTMENT**

**LAND CLEARING APPLICATION**

PROPERTY OWNER INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBERS: HOME: \_\_\_\_\_ WORK \_\_\_\_\_ FAX \_\_\_\_\_

CONTRACTOR INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBERS: HOME: \_\_\_\_\_ WORK \_\_\_\_\_ FAX \_\_\_\_\_

PROPERTY INFORMATION:

LOT ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_

REASON FOR REQUEST:

\_\_\_\_\_  
\_\_\_\_\_

I/We certify that I/We understand and will comply with the provisions and regulations in Section 2.06.09 of the City of Flagler Beach Land Development Regulations. I/We further certify that the above statement or attached statements and drawings made on any paper or plans submitted herewith are true to the best of my/our knowledge. I/We understand that any false or incorrect information submitted on or with this application will result in the revocation of this permit and could result in applicable fines or charges.

Applicant is required to arrange for the disposal of all cuttings. If materials are left for City forces to remove, the HOMEOWNER / LANDOWNER will be CHARGED for this removal. For information on cutting removal call City Hall at 386-517-2000 or visit the City Web Site at [www.cityofflaglerbeach.com](http://www.cityofflaglerbeach.com) to view the yard waste removal schedule.

SIGNATURE OF CONTRACTOR: \_\_\_\_\_, DATE: \_\_\_\_\_

SIGNATURE OF OWNER: \_\_\_\_\_, DATE: \_\_\_\_\_