



City of Marco Island
Community Affairs Department
50 Bald Eagle Drive
Marco Island, FL 34145
Phone: 239-389-5000 or FAX: 239-393-0266

PF-17

VEGETATION TRIMMING / REMOVAL
APPLICATION

To Be Completed By Staff:

PERMIT #: _____ **Date Received:** _____ **Expiration Date:** _____
Reviewed By: _____ **Date:** _____
Contractor License Documentation Verified (reviewer must initial) Verified: _____
Approved: () Hold: () Denied: ()

This application shall be deemed complete upon submission of this completed form along with the following information provided as required by the City of Marco Island Code, Article XIV, Vegetation Removal and Protection:

- () Vegetation species (common and scientific names) inventory provided for all onsite species proposed for trimming, removal and/or protection.
- () Written assessment and evaluation for trimming and/or removing vegetation.
- () Site plan with area requested for trimming and/or removal delineated and all other required information per code. (Article XIV, Section 30-934)
- () Protected species survey, if applicable, for both animal and vegetative species.
- () Vegetation relocation plan, if applicable, for the purpose of vegetation relocation.
- () Management plan, if applicable.
- () Environmental Impact Statement (EIS), if applicable, and/or any additional information required by the Community Development Director.
- () List of other permits/exemptions (local, state, federal) filed for and/or received.
- () \$300.00 Fee – 1st acre, or fraction thereof; \$100.00 each additional acre or fraction thereof; \$900.00 maximum fee. *Cash or check payable to City of Marco Island.

Note: As a condition of the consideration of this permit application and its issuance, if granted, applicant acknowledges the authority of City Staff to enter upon the subject property without prior notice for all purposes related to the consideration of the application and the monitoring of the status of the permit.

PROJECT INFORMATION

PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PHONE(S): _____ FAX: _____

CONTACT EMAIL: _____

PROJECT LOCATION ADDRESS: _____

LEGAL DESCRIPTION: _____

PARCEL SIZE: _____ PROPERTY TAX ID # _____

I, _____, affirm that I am the owner of the properly described in this application, and that I understand the provisions of the City of Marco Island City Codes, Article XIV. "Vegetation Removal and Protection".

Owner Signature

Date

CONTRACTOR INFORMATION:

NAME: _____

ADDRESS: _____

PHONE #(S): _____ FAX: _____

EMAIL: _____

CONTRACTOR LICENSE/CERTIFICATION #: _____

CITY OF MARCO ISLAND LAWN & LANDSCAPE REGISTERED: Y ___ N ___

PROJECT INFORMATION:

REASON FOR TRIMMING AND/OR REMOVAL OF NATIVE VEGETATION:

PROPOSED METHOD TO DISTINGUISH VEGETATION TO BE REMOVED FROM VEGETATION TO BE PRESERVED: _____

PROPOSED METHODS TO PROTECT NATIVE VEGETATION TO BE PRESERVED:

TOTAL ACREAGE OF VEGETATION TO BE TRIMMED AND/OR REMOVED:

PERMIT CONDITONS:

PERSONS RESPONSIBLE FOR SUPERVISING THE REMOVAL OF ALL EXISTING VEGETATION PERMITTED TO BE REMOVED:

Signature of Owner or Agent

Date

Return completed application & fee to:

**City of Marco Island
Attn: Community Affairs Department
50 Bald Eagle Drive
Marco Island, FL 34145**

REASON(S) FOR DENIAL: _____
