



FOR STAFF USE ONLY
Case #: _____

DIVISION OF ENVIRONMENTAL SCIENCES
1500 MONROE STREET
PO BOX 398
FORT MYERS, FL 33902-0398
(239)533-8389 / FAX (239)485-8344

NOTICE OF INVASIVE EXOTIC REMOVAL

NOTE: The intent herein is to assist the owner /applicant in appropriate boundaries indicated, is requested with this application.

Date: _____

Owner: _____

Owner Address/Phone #: _____

Applicant: _____

Phone #: _____

Contractor Name & Fax #: _____

STRAP #(s): _____

Zoning: _____ Property Acreage: _____ Acreage to Clear: _____

Property Address & Directions: _____

Type of vegetation to be removed: _____

Proposed method(s) of removal: _____

Other types of vegetation on site: _____

NOTE: IF YOU HAVE RECENTLY PURCHASED THIS PROPERTY, THEN YOU MUST SUBMIT A RECORDED WARRANTY DEED; AND/OR IF PROPERTY IS GREATER THAN ONE (1) ACRE, THEN YOU MUST SUBMIT A COPY OF NOTICE OF INTENT (NOI)

THIS APPLICATION DOES NOT RELIEVE THE OWNER/CONTRACTOR FROM ANY OTHER APPLICABLE STATE AND/OR FEDERAL PERMITS, OR REQUIREMENTS. I CERTIFY THIS INFORMATION TO BE CORRECT, AND I ACKNOWLEDGE THAT IF THE CLEARING IS NOT PERFORMED AS SPECIFIED AND APPROVED HEREIN, THAT THE PROPERTY OWNER / CONTRACTOR WILL BE SUBJECT TO ALL CODE VIOLATION ACTIONS.

OWNER SIGNATURE: _____

DATE: _____