



MINOR SITE CLEARING PERMIT APPLICATION

Date received: _____ Permit Application #: _____

Applicant Name: _____
(as shown on deed or Articles of Incorporation)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Property Owner (if different from Applicant): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

NOTE: This application must include all pertinent information (Name, address, phone numbers, etc.) for all owners of the land affected by this application. If the space provided above is not sufficient to list all of the owners then the additional information must be provided on a separate sheet.

Specific location of subject property affected by this application:

Township: _____ Range: _____ Zoning District: _____

Tax Parcel ID: _____

Lot: _____ Block: _____ Plat Book : _____ Page Number: _____

Total Acreage of the property: _____ Existing Use of Property: _____

Address: _____

Future Land Use Designation: _____

Please provide a description of the existing landscape of the property; include types of vegetation and trees to be cleared:

****A site clearing permit does not authorize removal of significant oak trees.***

**** A significant oak tree is 10 inches-12 inches in diameter or larger***

****A significant oak tree may not be removed or relocated unless a permit is issued in accordance with sec. 4-80.16 of the Municipal Code.***

Reason for site clearing:

****A site clearing permit does not authorize any other development activity beyond clearing and filling of the site. A site construction plan permit and plat, where applicable, must be obtained prior to the start of development.***

Checklist:

____ Completed Application

____ Notarized Affidavit of Ownership and Agent Authorization

____ Proof of ownership: copy of tax bill or print out from Property Appraisers office is required.

____ A licensed Florida registered survey of the property.

____ A site plan submitted on 24" x 36" paper at a scale no smaller than one-inch equals two hundred (200) feet. The plans shall show property boundaries, the area proposed for clearing and the location of any significant oak trees in accordance with sec. 4-80 of this code.

AFFIDAVIT

I, _____ certify that I am the owner or authorized representative of the property described herein, and that all answers to the questions in this application and any sketches, data or other supplementary matter attached to and made a part of this application, are honest and true to the best of my knowledge and belief.

Date: _____

Signature of owner or authorized agent

Print or type name of person signing above

Name of owner/agent entity if a corporation, L.L.C., partnership, or trust
Representative capacity of person signing Affidavit: President or Vice President of Corporation,
Managing Member of L.L.C., General Partner, or Trustee

STATE OF _____ COUNTY OF _____

The foregoing instrument was sworn to (or affirmed) and subscribed before me on _____ (date) by (name of person providing oath or affirmation) _____, who is personally known to me or who has produced _____ (type of identification) as identification.

NOTARY PUBLIC STAMP/SEAL:

Signature of Notary Public

Printed Name of Notary Public

AGENT AUTHORIZATION

The undersigned to hereby swear or affirm that they are the fee simple title holders and owners of the record of property commonly known as _____
And legally described in Exhibit A attached hereto.

We hereby designate _____ as the legal representative of the property in the course of seeking approval of this application.

This representative will remain the only entity to authorize development activity until such time as anew or amended authorization is delivered to the City.

Date: _____

Signature of owner or authorized agent

Print or type name of person signing above

Name of owner/agent entity if a corporation, L.L.C., partnership, or trust

Representative capacity of person signing Affidavit: President or Vice President of Corporation, Managing Member of L.L.C., General Partner, or Trustee

STATE OF _____ COUNTY OF _____

The foregoing instrument was sworn to (or affirmed) and subscribed before me on _____ (date) by (name of person providing oath or affirmation), _____ who is personally known to me or who has produced _____ (type of identification) as identification.

NOTARY PUBLIC STAMP/SEAL:

Signature of Notary Public

Printed Name of Notary Public