



**City of Marco Island**  
**Community Development Department**  
**50 Bald Eagle Drive**  
**Marco Island, FL 34145**  
**Phone (239) 389-5000 --- Fax (239) 393-0266**  
[www.cityofmarcoisland.com](http://www.cityofmarcoisland.com)

## **EXOTIC VEGETATION REMOVAL APPLICATION**

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**To Be Completed By Staff:**

**PERMIT #:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contractor License Documentation Verified (reviewer must initial) Verified:** \_\_\_\_\_

**Approved:** ( ) **Hold:** ( ) **Denied:** ( )

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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.

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*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.*

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**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 # \_\_\_\_\_

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*I, \_\_\_\_\_, affirm that I am the owner of the property 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*

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**CONTRACTOR INFORMATION:**

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

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

PHONE #(S): \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTRACTOR LICENSE/CERTIFICATION #: \_\_\_\_\_

CITY OF MARCO ISLAND LAWN & LANDSCAPE REGISTERED: Y \_\_\_ N \_\_\_

**PROJECT INFORMATION:**

REASON FOR REMOVAL OF EXOTIC VEGETATION:

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PROPOSED METHOD TO DISTINGUISH VEGETATION TO BE REMOVED FROM VEGETATION TO BE PRESERVED: \_\_\_\_\_

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PROPOSED METHODS TO PROTECT NATIVE VEGETATION TO BE PRESERVED: \_\_\_\_\_

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TOTAL ACREAGE OF VEGETATION TO BE REMOVED:

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PERMIT CONDITIONS:

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

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

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**Return completed application & fee to:**

**City of Marco Island  
Att: Community Development Department  
50 Bald Eagle Drive  
Marco Island, FL 34145**

REASON(S) FOR DENIAL: \_\_\_\_\_

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