

City of Marco Island Growth Management Department 50 Bald Eagle Drive Marco Island, FL 34145 Phone: 239-389-5000

PF-24

## **VEGETATION TRIMMING / REMOVAL APPLICATION**

(Sec. 30-934- Permit Application requirements)

Planner		
ridililei.		
	Above to be completed by Staff	
PROPERTY INFORMATIO	N N	
Property Owner Name: _		
Project Location Address	s:	
City:	State: Zip:	
Phone Number:	Email:	
Contact Name:	Phone Number:	<u></u>
Email:		
Name:	ATION	
	Email:	
	ification #:	
	n & Landscape Registered: Y N	
To Be Completed By App	plicant - Please check all that apply:	
	Removal: \$300.00 Fee – 1 <sup>st</sup> acre, or fraction thereof; fraction thereof; \$900.00 maximum fee (Accepted form	•
	rtraction thereot; \$900.00 maximum tee (Accepted torm lble to City of Marco Island)	ns of payment

Own	 er	<u> </u>		 Date	
XIV. appl to en	"Vegetation Removal ication and its issuance	erstand the pro and Protection e, if granted, property without	visions of the C n". As a condit operty owner c prior notice for c	ner of the property de ity of Marco Island City ( ion of the consideration acknowledges the author all purposes related to the permit.	Codes, Article of this permit ity of City Staff
	Select Flood Zone	VE	AE	X (Not located in	a SFHA)
3	AND ENTER YOUR AD	DRESS TO DETE arcgis.com/hor	RMINE THE LOC	IIN A FLOOD ZONE. CLICH ATION. ewer.html?webmap=e7c	
	. REASON FOR TRIMMII	ng and/or re	EMOVAL OF VEC	GETATION:	
	JECT INFORMATION  . IDENTIFY VEGETATION	N & TOTAL ACR	EAGE TO BE TRI <i>I</i>	MMED OR REMOVED:	
				plicable. Please provide a ation of each silt fence to	
	_Attach location/aerial m and/or removed, and a			vegetation to be trimmed code	
	_Soil Test Borings: \$300.00	•	_	•	
	in Article XIV, Sec. 30-93	6 or any other ex	xotic vegetation	species)	

Please allow two (2) weeks for processing. Incomplete applications will not be processed Please submit application to <a href="mailto:gmhelp@cityofmarcoisland.com">gmhelp@cityofmarcoisland.com</a>