



CITY OF SANIBEL
 Planning Department - Natural Resources Department
 APPLICATION FOR VEGETATION PERMIT
MANGROVE TRIMMING APPLICATION

***** TO BE COMPLETED BY APPLICANT *****

Sanibel property owners must notify the City of their intent to trim mangroves at least 3 weeks prior to the start of work, allow both pre- and post-trimming access to their property by City Manager designated inspectors for the purpose of project inspection, and provide the following information: **[Note: Mangroves over 24 feet in height, or in excess of fifty feet in depth, are not eligible for exemption. These requests shall be forwarded to the Natural Resources Director to determine if they qualify for a City permit.]**

TAX STRAP NUMBER: ___ - 46 - ___ - T ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___ - ___

Property Address: _____

[Note: If the mangroves to be trimmed are over 10 feet in height, a **licensed** Professional Mangrove Trimmer **must** do the work.]

Owner's Name: _____ Phone No. _____

Owner's Email Address: _____

CHECKLIST OF NEEDED DOCUMENTS: The application information and required attachments are the **minimum** necessary to determine compliance with the requirements of the Sanibel Plan and the Land Development Code (LDC). The City may require additional information, at any time during the application process, to determine compliance with these requirements.

- | | |
|--|--|
| _____ DEED OR LEE COUNTY OWNER OF RECORD | _____ OWNER'S AUTHORIZATION |
| _____ LOCATION MAP | _____ SITE DEVELOPMENT PLAN (1' = 20') |
| _____ VEGETATION PLAN | |

Trimmer's Name/Company Name: _____

Trimmer's Address: _____

Trimmer's Phone No. _____ **Professional Mangrove** Trimmer's License No. _____

Trimmer's **Email** Address: _____

Proposed dates of trimming work: Start _____ Completion _____

Approximate pre-trim [current] height of mangroves to be trimmed: _____ feet

Cont. on next page

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MANGROVE TRIMMING

Description of trimming proposed, including length of area to be trimmed and subsequent post-trim height:

Signature of Owner [or Authorized Representative]

Date

APPLICATION FOR VEGETATION PERMIT

MANGROVE TRIMMING

STAFF USE ONLY

Application No: _____ Filing Date: _____ Accepted By: _____ Fee: \$72.00

PRE-TRIMMING INSPECTION REPORT

Property Address: _____

Approximate current height of mangroves to be trimmed: _____ feet

Is the mangrove fringe on site less than 50 feet in width [trunk to trunk]? YES ___ NO ___

[**Note to Inspector** Mangroves over 24 feet in height or in excess of 50 feet in depth **ARE NOT** eligible for exemption. These requests shall be forwarded to the Natural Resources Director to determine if they qualify for a City permit.]

Were any bird nests or bird nesting activities evident in any mangroves on-site, or in any nearby trees? YES _____ NO _____ If "YES", please describe:

Were any City-protected, non-mangrove plant species observed in the trim area? YES _____ NO _____ If "YES", please list:

In the inspector's opinion, does the proposed trimming qualify for an exemption? YES _____ NO _____

INSPECTED BY: _____ **Phone No.:** _____ **DATE:** _____

POST-TRIMMING INSPECTION REPORT

Approximate post-trim height of trimmed mangroves: _____

Approximate length of trimmed area parallel to the shoreline: _____

Number of trees trimmed appearing dead or defoliated: _____

General Comments on the health and condition of the mangroves trimmed:

Does the work appear to have been done in accordance with Sanibel's trimming program? YES _____ NO _____

INSPECTED BY: _____ **Phone No.:** _____ **DATE:** _____