



LETTER OF AUTHORIZATION VEGETATION REMOVAL PERMIT

(This form is only required if person other than owner of property is making application)

**TO: THE VILLAGE OF ESTERO
DEPARTMENT OF COMMUNITY DEVELOPMENT**

Property Owners Name: _____

Property Address: _____
(This is the address where the work is to be done)

Name of Authorized Agent: _____

Strap #: _____
(If the property is under a common element, list the common element strap number)

The Agent listed above is authorized to make application on my behalf for a Vegetation Removal Permit.

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Property Owners Signature

THE VILLAGE OF ESTERO DEPARTMENT OF COMMUNITY DEVELOPMENT
9401 Corkscrew Palms Circle • Estero, FL 33928
PHONE (239) 221-5036