

Village of Estero Building and Permitting Services
9401 Corkscrew Palms Circle
Estero, FL 33928
Tel # (239) 221-5036 | Fax # (239) 319-2235 | zoning@estero-fl.gov

## **Application for Vegetation Removal**

Review the *Submittal Requirements* prior to completing this application. If the permit applicant is not the owner of the property, a *Letter of Authorization* must be submitted with the application. Please call 239-221-5036 with questions.

| Indi  | cate Request Type:           |  |   |
|---|------------------------------|--|---|
|   | EXOTIC REMOVAL*              |  | SINGLE/MULTIPLE TREE(S)** (Common elements) \$30 plus \$1 per each additional tree. Fees are doubled for after the fact permits. Do not include fees with this application. Fees will be calculated after initial inspection and will be based upon number of trees approved for removal. Do include a photo of the tree(s) you wish to remove. |
|   | INDIGENOUS MAINTENANCE       |  | <b>VEGETATION PERMIT</b> (DO #) No fee unless work commenced without a permit.  |
|   | SOIL BORING                  |  | LOT CLEARING  |
|   | NOTICE OF CLEARING (Ag only) |  |   |
| Notice of Intent is required for projects greater than one acre.  |                              |  |   |
| Description:  |                              |  |   |
|   |                              |  |   |
|   |                              |  |   |
|   |                              |  |   |
| * If the application is for exotic removal, include the type of vegetation to be removed and the proposed method of removal.  ** If the application is for single tree or group of trees, include the tree(s) species, quantity and location on property. Please include a photo of the tree(s) you are requesting to remove. When project is completed, please sent a photo of the replacement tree(s) to <a href="mailto:zoning@estero-fl.qov">zoning@estero-fl.qov</a> and call (239) 221-5036 for a final inspection. Failing to close your permit may result in additional fees. |                              |  |   |
| Site Address:   |                              |  |   |
| Strap Number(s):  |                              |  |   |
| Property Owner:   |                              |  |   |
| Applicant:  |                              |  |   |
| (If other than the owner, a Letter of Authorization must be submitted)  |                              |  |   |
| Phone Number:   |                              |  |   |
| Email for correspondence:   |                              |  |   |
| Siar  | naturo                       |  | Date  |