

## **Permit Application for Mangrove Trimming**

HILLSBOROUGH COUNTY		(Official Use Only)		
629 Queen Palm Drive. Tampa FL 33619	EPC Application #	Date Received	Fee Received	
Phone: (813) 627-2600 Fax: (813) 627-2630 www.epchc.org				
1. Property Owne	er Information:			
Name:				
Corporation, A	ssociation, or Agency Name	e (if applicable):		
Mailing Addres	ss:			
			Zip Code:	
Telephone Nur	nber(s):			
E-mail Addres	s:			
2. Project Site Inf	formation:			
Parcel ID:	nship Range St	Judivision Bloc	ck Lot	
Folio Number(s	):			
Address:				
City:				
Single-fami	ily home 🗌 Mul	ti-family residential		
3. Professional M	angrove Trimmer Informa	tion:		
compliance with	lsborough County, state that Chapter 1-14, Rules of the E and Preservation, and in acc	nvironmental Protection C	essional Mangrove Trimmer application will be performed in commission of Hillsborough County ns set forth in the permit.	
Signed:				
-				
	ss:			

	С	City:	State:	Zip Code:
	Т	elephone Number(s):		
	E	-mail Address:		
4.		gent Information (if different		
	N	lame:		
	С	Company Name:		
	Μ	failing Address:		
	С	City:	State:	Zip Code:
	Т	elephone Number(s):		
	E	-mail Address:		
5.	Ту	pe of Trimming Proposed (P	Please indicate:	
		imming pursuant to section 1-1 s section.	14.06, Rules of the EPC. The propos	ed trimming must be consistent with
	pro inc	ovided within section 1-14.06	14.07, Rules of the EPC. Proposed must not be contrary to the public int d will require compensation pursuant	erest as provided in section 1-14.07,
			oves will be reviewed pursuant to o ervation, Rules of the EPC, under	
6.	Pro	oject Description:		
	a.	boundaries and delineating th of mangroves on the property	photograph <u>and</u> property survey cle the area to be trimmed. The property survey, and the dimensions and location of t anent structures on site if possible).	rvey must include the extent he proposed trimming on the
	b.	How will the mangroves be t	trimmed?	
		Reduced in height fro	m ft. to ft.	
crea	ting	Maintain upper canop g a "window", please include a	py and create a "window" between scaled cross-section.	ft. and ft. If
		Other:		
	c.	Provide any other informatio your application (attach sepa	on or documentation that you feel wo arate sheets if desired):	uld be helpful to staff in evaluating

d.	Has a conservation easement or any other restriction been placed on the property? YES NO Explain:
e.	Has a mangrove trimming, dock or dredge and fill permit been previously issued for this property? YES NO Previous Permits:
f.	Staff can provide assistance if you are unsure about what to trim or what options are available to you under EPC's mangrove rule. A mangrove trimming brochure is also available on line at <u>www.epchc.org</u> and look for "Homeowner Guidelines for Trimming Mangroves" under "Publications" or by calling our office. Please contact us at (813) 627-2600 if you have any questions.
property	tify that I am the record owner of the subject property or am acting as the duly authorized agent to the owner. I am familiar with the information contained in this application and that to the best of my lge and belief, such information is true, complete and accurate.

Signature:

Date:

Please submit the completed application, plan drawing(s), and a check in the appropriate amount to the EPC, Wetlands Management Division, 3629 Queen Palm Drive, Tampa, Florida 33619. The check should be made payable to: Environmental Protection Commission and include the appropriate review fee pursuant to Chapter 1-6, Rules of the EPC.