



**DEPARTMENT OF COMMUNITY DEVELOPMENT
CUSTOMER SERVICE-PERMITTING DIVISION**

P.O. Box 150027
Cape Coral, FL 33915-0027
Tel. (239) 574-0546

BURROWING OWL/ GOPHER TORTOISE AFFIDAVIT

Applicant:					
Block:		Lot:		Unit:	
Strap:					
Site Address:					
Within the last 30 days, I have inspected the property described above AND all vacant properties near the jobsite where I or my subcontractors may drive vehicles or place construction material. 1. I have found the following number of Burrowing Owl and/or Gopher Tortoise burrow(s) located on the property or adjacent to the property, including those located in the abutting City rights-of way.					
☐ No burrows found on the Property, Adjacent Properties, or Right-of-Way					
☐ On Property:	☐ One	☐ Two	☐ Three	☐ Four	☐ Other
☐ Adjacent Properties or Right-of-Way:	☐ One	☐ Two	☐ Three	☐ Four	☐ Other
2. If burrows are found, please select <u>ONE</u> of the two options below.					
☐ STATE AND/OR FEDERAL PERMITS <u>ARE</u> NECESSARY. I cannot protect the burrow(s) per instruction. I understand that State and/or Federal permits are required prior to the commencement of development activity.					
**Please indicate species, if known.		☐ BURROWING OWL		☐ GOPHER TORTOISE	
☐ STATE AND/OR FEDERAL PERMITS <u>ARE NOT</u> NECESSARY. I agree that the required protections zones will be installed and maintained during all phases of development.					
**Please indicate species, if known.		☐ BURROWING OWL		☐ GOPHER TORTOISE	
By accepting City building permits, I assume all responsibility of ensuring the protection of Burrowing Owls and/or Gopher Tortoises and their burrow(s) during all phases of development activity. Burrowing Owls: a protection zone shall extend a radius of 33 feet (66-foot diameter) from the burrow entrance during the nesting season (February 15th- July 10th), or a minimum of 10 feet (20-foot diameter) outside of nesting season. Gopher Tortoises: a radius of 25 feet (50-foot diameter) is required from the burrow entrance year-round (Ordinance 20-19). All burrows must be staked and roped off using these dimensions. No activity, materials, fill, equipment, or parking is allowed within these buffers. I understand that molesting, harassing, or harming Burrowing Owls or Gopher Tortoises or their burrows is a State/Federal crime. The City shall notify the law enforcement division of the Florida Fish & Wildlife Conservation Commission if a wildlife violation is observed, and the permit holder will be responsible for any illegal activity.					



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I fully understand the State, Federal and City regulations that prohibit the endangerment and/or harassment of Burrowing Owls or Gopher Tortoises and their burrows, and I accept full responsibility for the actions of my employees and subcontractors. I understand that the City is not liable for an applicant(s) violation of State or Federal Law. I understand that I am liable for failure to obtain any state and/or federal permits, failure to fulfill obligations imposed by a state and/or federal agency and will be liable for any violations to state and/or federal law. Further, I also understand that the City Requires that all applicable state and federal permits be obtained prior to the commencement of development activities. Copies of State/Federal permits are required prior to any City inspection and shall be posted onsite. I am fully aware that failure to secure such permits, or failure to maintain the appropriate buffers, will result in a STOP WORK ORDER being issued on my site.

Under penalty of perjury, I declare that I have read the forgoing document and that all information contained herein is true and correct to the best of my knowledge and that violation of these Laws is punishable by a fine and or imprisonment.

BY:

Print Name & Title of Applicant

Signature of Applicant

(SIGNATURE MUST BE NOTARIZED)

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, on this _____ day of _____, 20____ by _____, who is personally known to me or produced _____ as identification.

Exp Date: _____ Commission Number: _____

NOTARY STAMP
HERE

Signature of Notary Public: _____

Printed Name of Notary Public: _____