



Permit # _____

Scrub-Jay Habitat Conservation Plan (HCP) Application

Owner of record: _____

Site Address: _____

Parcel ID# _____ Lot: _____ Block: _____ Subdivision: _____

Size of ENTIRE parcel in square feet: _____

Size of ENTIRE parcel in acres: _____

1. Are you requesting approval to commence with a development activity on this parcel? **Y** or **N**
(Please circle)
 - a. If yes, please continue and submit this form with your development application.
 - b. If no, please continue and submit this form to the Charlotte County building construction department as part of the Scrub-Jay HCP pre-payment program ONLY if your lot is under 3 acres in size.

2. Is your parcel over or under 3 acres in size? **OVER 3 acres** or **UNDER 3 acres** (Please circle)
 - a. If under 3 acres in size, payment of mitigation fees as described in the Charlotte County Habitat Conservation Plan is required. Standard conditions, including but not limited to, prohibiting clearing during Scrub-Jay nesting season (March 1 – June 30) and recommended planting of scrub oaks on site will be applied.
 - b. If over 3 acres in size, please contact the Natural Resources division at 941-833-3817 for additional review and determination of the required mitigation. At a minimum, mitigation fees and on-site preservation will be required.

3. Does your parcel currently have a county approved structure located on site? **Y or N**
(Please circle)

a. If no, please read statements shown in bold below and sign.

b. If yes, is the parcel over 3 acres in size? Yes _____ No _____

i. If over 3 acres in size, please provide the total square footage of vegetation proposed to be removed: _____ square feet

Please read and sign the following statements:

- **I hereby acknowledge that I am voluntarily opting to utilize Charlotte County’s Incidental Take Permit (ITP), and I will comply with the requirements of the Charlotte County Habitat Conservation Plan (HCP). I understand that no local, state or federal regulation requires me to utilize the Charlotte County ITP, and I may instead choose to obtain an individual ITP or other approval directly from the U.S. Fish and Wildlife Service.**
- **I hereby authorize Charlotte County employees and agents to enter the property described above to inspect site conditions related to Scrub-Jay, Gopher Tortoise or Eastern Indigo Snake use, management and/or mitigation. I agree and understand that all vegetation clearing activities are prohibited during Scrub Jay nesting season (March 1 to June 30).**
- **I acknowledge that this document does not authorize any specific development activities and in no way guarantees any other permit approval. This only addresses the required Charlotte County Scrub-Jay mitigation criteria as outlined in the Charlotte County Habitat Conservation Plan. I acknowledge that if I pre-pay the mitigation fees described herein and the mitigation fees increase prior to the issuance of a permit authorizing development activities, I will tender an additional payment in the amount of the fee increase prior to permit issuance.**
- **I have read and acknowledge the Eastern Indigo Snake Construction Precautions and Guidelines as outlined in Appendix 4 of the Countywide HCP and understand that any development impacts to the Gopher tortoise will be avoided and minimized through the implementation of the State of Florida’s Gopher tortoise permitting guidelines and regulations.**

Signature _____ Date _____

Printed Name _____

Title _____ *(applicable where owner is a business entity)*

Affidavit of Applicant

I, the undersigned, being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owners of the property described and which is the subject matter of the proposed application; that all answers to the questions in this application, and all sketches, data and other supplementary matters attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand that this application must be complete and accurate before the application may be considered.

State of _____, County of _____ The foregoing

instrument was acknowledged before me this _____ day of _____,

(Month) (Year)

by _____ who is personally known to me or; has

produced _____ as identification and who did / did not take an oath.

Signature of Notary

Signature of Applicant (or Agent)

Printed Name of Notary

Commission Number