



NOTICE OF INVASIVE EXOTIC REMOVAL

BOS- _____

Community Development Department | 9220 Bonita Beach Rd, Suite 111 | Bonita Springs, FL 34135 | Phone: 239 444 6150 | Fax: 239 444 6140

Date Submitted: _____

Property Owner: _____

Job Address

Street: _____

City: _____ State: _____ Zip: _____

Strap Number: _____

Contractor Name: _____

Applicant Name: _____

Applicant email: _____ Phone: _____

Directions to site: _____

Type of vegetation to be removed: _____

Proposed method(s) of removal: _____

Other types of vegetation on site: _____

NOTE: This application does not relieve the owner/applicant from any other applicable state and/or federal permits, or requirements. I certify this information to be correct, and acknowledge that if the clearing is not performed as specified and approved herein, that the property owner/applicant will be subject to code violations.

Applicant or Owner Signature Date: _____

Printed Name of Applicant or Owner