

PERMIT WILL EXPIRE ONE YEAR AFTER DATE OF ISSUE

LAND AND TREE MANAGEMENT PERMIT

Activities Covered Under Permit: Activities such as clearing, cutting, *excavating, *filling, protected tree removal, grading of land, or any other activity that alters land topography or vegetative cover is covered under this permit, where noted, provided such land disturbing activities do not result in adverse impacts to adjoining properties, waterbodies, watercourses, wetlands, environmentally sensitive lands, adjacent roadways or drainage systems, etc. Construction of infrastructure or addition of impervious area is **not** covered under this permit.

PERMIT # _____ DATE ISSUED: _____

LAND DISTURBING TREE BARRIER ISLAND SAND BEACH MOUSE

OWNER/AGENT _____ PHONE # _____

OWNER'S ADDRESS _____ FAX # _____

PROJECT NAME _____ ZONING _____

SITE ADDRESS(S) _____ ACREAGE _____

PROPERTY REFERENCE #(s) _____ ACREAGE TO BE DISTURBED _____

AMOUNT OF FILL MATERIAL(s) _____ SOURCE OF FILL MATERIAL(s) _____

Note, a separate Barrier Island Sand Evaluation &/or "prohibited material" removal Permit may also be required per current Escambia County Land Development Code requirements.

DESCRIBE **ALL** ACTIVITIES PROPOSED (land disturbance & protected tree removal locations shown on site map) _____

NUMBER of PROTECTED TREES PROPOSED for REMOVAL _____ FEES (office use only) _____

Land Disturbing: \$216.75, Trees: 2 trees @ \$105 + \$25 each additional tree, Sand Placement: \$55, Beach Mouse: \$216.75

APPROVED DENIED _____ DATE _____

Timothy R Day, Environmental Programs Manager

COMMENTS _____

Responsibility of Owner/Agent: If necessary the owner/applicant shall incorporate measures to prevent erosion, sedimentation and/or flooding which may result from land disturbance activities. Silt fences, temporary sediment traps, temporary holding ponds, stabilization of disturbed areas with grass may be required to control erosion, sedimentation and/or flooding. The undersigned is fully aware of these responsibilities and will comply with these requirements. ****The Owner/Agent shall have a copy of the approved permit on the job site at all times.****

The undersigned agrees to grant permission for authorized Escambia County personnel to conduct all necessary site inspections associated with this permit.

SIGNATURE OF OWNER/AGENT* _____ DATE _____

*A signed letter authorizing agent to act on the property owner's behalf will be required prior to processing.

Disclaimer: Escambia County shall not be held responsible for any losses or damages in the event that activities covered under this permit negatively impact adjacent properties, waterbodies, watercourses, wetlands, environmentally sensitive lands, adjacent roadways or drainage systems, etc.

MITIGATION PLAN FOR ENDAGNERED SPECIES ON PERDIDO KEY

PROJECT NAME _____ ZONING _____

OWNER/AGENT _____ PERMIT # _____ Acreage _____

SITE ADDRESS _____ PROPERTY REFERENCE # _____

SITE DESCRIPTION (ANSWERS IN ACRES)

PARCEL SIZE (ACRES) _____ HCP HABITAT _____

BEACH MOUSE PERMANENT IMPACT _____ SUITABLE HABITAT _____

BEACH MOUSE TEMPORARY IMPACT _____ TOTAL HABITAT _____

BEACH MOUSE RESTORATION _____ BEACH MOUSE CONSERVATION _____

AVOIDANCE PERCENTAGE (TOTAL HABITAT – IMPACT HABITAT)/TOTAL HABITAT= _____

REQUIRED SUPPLEMENTAL INFORMATION

- DISCUSSION OF AVOIDANCE AND MINIMIZATION OF BEACH MOUSE HABITAT IMPACTS
- HABITAT MANAGEMENT PLAN (INCLUDING POST-CONSTRUCTION AND POST-NATURAL DISASTER ACTIONS)
- LETTER ACCEPTING CONSERVATION MEASURES TO IMPLEMENT CONSERVATION MEASURES FOR LISTED SPECIES ON PERDIDO KEY (SUPPLIED BY COUNTY)
- CONSERVATION EASEMENT FOR REMAINING HABITAT (TEMPLATE BY COUNTY)
- CURRENT SITE PHOTOGRAPHS
- DUNE RESTORATION PLAN

MITIGATION FEES

BEACH MOUSE IMPACT FEE (PERMANENT IMPACT X \$100,000) _____

BEACH MOUSE ANNUAL ASSESSMENT (CHECK APPROPRIATE BOXES):

- \$201 PER RESIDENTIAL UNIT PER YEAR
 - NUMBER OF RESIDENTIAL UNITS _____
- \$201 PER HOTEL UNIT PER YEAR
 - NUMBER OF HOTEL UNITS _____
- \$201 PER COMMERCIAL PARKING SPACE PER YEAR
 - NUMBER OF COMMERCIAL PARKING SPACES _____
- TOTAL ANNUAL ASSESSMENT
(RESIDENTIAL UNITS + HOTEL UNITS + COMMERCIAL PARKING SPACES) X \$201= _____

Recommendation Approve Deny Date: _____

Reviewer: _____

SIGNATURE OF OWNER/AGNT _____ DATE _____