



## DEVELOPMENT SERVICES DEPARTMENT

P.O. Box 150027  
Cape Coral, FL 33915-0027

### BURROWING OWL/ GOPHER TORTOISE AFFIDAVIT

Applicant:					
Block:	Lot:	Unit:	Strap:		
Site Address:					
<p>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.</p> <p>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.</p>					
<input type="checkbox"/> No burrows found on the Property, Adjacent Properties, or Right-of-Way					
<input type="checkbox"/> On Property:	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Four	<input type="checkbox"/> Other _____
<input type="checkbox"/> Adjacent Properties or Right-of-Way:	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Four	<input type="checkbox"/> Other _____
<p>2. If burrows are found, please select <u>ONE</u> of the two options below.</p>					
<input type="checkbox"/> 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.					
<b>**Please indicate species, if known.</b>		<input type="checkbox"/> BURROWING OWL		<input type="checkbox"/> GOPHER TORTOISE	
<input type="checkbox"/> 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.					
<b>**Please indicate species, if known.</b>		<input type="checkbox"/> BURROWING OWL		<input type="checkbox"/> GOPHER TORTOISE	
<p>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.</p> <p><b>Burrowing Owls:</b> a protection zone shall extend a radius of <b>33 feet</b> (66-foot diameter) from the burrow entrance during the nesting season (February 15<sup>th</sup>- July 10<sup>th</sup>), or a minimum of <b>10 feet</b> (20-foot diameter) outside of nesting season.</p> <p><b>Gopher Tortoises:</b> a radius of <b>25 feet</b> (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.</p> <p><b>No activity, materials, fill, equipment, or parking is allowed within these buffers.</b> 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 &amp; Wildlife Conservation Commission if a wildlife violation is observed, and the permit holder will be responsible for any illegal activity.</p>					



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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

**Verification Pursuant to Section 92.525, Florida Statutes**

**Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.**

\_\_\_\_\_  
**Signature of Natural Person Signing Above**