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 aforementioned property, including those located in abutting City rights-of-way.**

   ☐ **No burrows found on the Property, Adjacent Properties, or Right-of-Way**

   ☐ **On Property: Number of burrows** ☐ One (1) ☐ Two (2) ☐ Three (3) ☐ Four (4) ☐ (Other)_____

   ☐ **Adjacent Properties or Right-of-Way: Number of burrows** ☐ One (1) ☐ Two (2) ☐ Three (3) ☐ (Other)_____

2. **If burrows are found, please select ONE of the two options below.**

   ☐ **STATE AND/OR FEDERAL PERMITS ARE 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

   ☐ **NO STATE AND/OR FEDERAL PERMITS ARE NECESSARY. I agree that the required protection 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.

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 foregoing 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)

STATE OF_____ , COUNTY OF_____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20__, by

_____ who is personally known or produced _____
Printed name of person signing　　　　　　　　　　　　　　as identification

　　　　　　　　　　Exp. Date: _____ Commission Number: _____
　　　　　　　　　　Signature of Notary Public: _____
　　　　　　　　　　Printed name of Notary Public: _____