



Town of Loxahatchee Groves

155 F Road, Loxahatchee Groves, Florida 33470

Phone (561) 793-2418 Fax (561) 793-2420

AR DISTRICT VEGETATION CLEARING WAIVER APPLICATION

Date Received	
Application Number	
Fee Paid \$250.00	
Fee Receipt Number	

General Data

Project Name	
Property Location Address	
Parcel Control Number(s)	
Property Use Code (staff to complete)	
Description of the Work to be Performed	

Site Data

Current Land Use		
Current Zoning		
Number of Acres		
Parcel Cleared	Yes / No/Partial	If yes, date cleared:

Owner Information

	Owner A	Owner B
Name		
Street Address		
City, State, Zip		
Phone Number		
Email Address		

Applicant's Agent (If Other Than Owner)

	Applicant A	Applicant B
Name		
Street Address		
City, State, Zip		
Phone Number		
Email Address		
Type (Lessee, Contract Purchaser, Other - Describe)		



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Person or Firm to Perform the Vegetation Removal

Name	
Organization/Company	
Street Address	
City, State, Zip	
Phone Number	
Email Address	
Relationship to Property	

Required Attachments

- Site Plan Including the locations of proposed Waivers**
- Attachment A – Applicants Ownership Affidavit**
- Attachment B – Agent Consent Form**
- Attachment C – Requested AR District Waivers (Indicate Location on Site Plan)**

Office Use Area

Conditions of Approval

1. The Waiver, per the attached AR District Waivers (Attachment D) is granted.
2. If any additional vegetation removal is anticipated, other than that identified on the attached Vegetative Clearing Statement, an additional Exemption or a Waiver or Vegetation Removal Permit application is required.
3. The Town, at the discretion of the Town Manager and upon notification of the Property Owner, may require a pre and/or post-clearing inspection of the property by Town staff. An additional cost recovery fee may be charged by the Town to cover the cost of the inspection.
4. The Person or Firm to perform the clearing activity shall notify the Town of the date and time a minimum of 24-hours prior to its commencement.

This permit does not become valid until signed by an authorized representative of the Town of Loxahatchee Groves and all fees and receipt acknowledged below:

Planning and Zoning Official

Date: _____

Permit Approved _____ or Denied _____



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Attachment A – Applicants Ownership Affidavit

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

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BEFORE ME THIS DAY PERSONALLY APPEARED _____, WHO BEING DULY SWORN, DEPOSES AND SAYS THAT:

1. He/she is the owner, or the owner's authorized agent, of the real property whose Parcel Control Number is _____;
2. He/she understands any application fee(s) is/are non-refundable and in no way guarantees approval of the Clearing Waiver;
3. The statements within the application, including the Attachments thereto, are true, complete and accurate;
4. He/she understands that all information within the application is subject to verification by Town staff;
5. He/she understands that false statements may result in denial of the application; and
6. He/she understands that he/she may be required to provide additional information and fees within a prescribed time period and that failure to provide the information and fees within the prescribed time period may result in the denial of the application.

FURTHER AFFIANT SAYETH NOT.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ (Name of Person Acknowledging) who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

(Signature of Person Taking Acknowledgement)

Applicant's Signature

(Name of Acknowledger Typed, Printed or Stamped)

Applicant's Name (Print)

(Title or Rank)

Street Address

(Serial Number, if any)

City, State, Zip Code

(Notary's Seal)

(_____) _____
Telephone



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Attachment B – Agent Consent Form

STATE OF FLORIDA COUNTY OF PALM BEACH FLORIDA

BEFORE ME THIS DAY PERSONALLY APPEARED _____, WHO BEING DULY SWORN, DEPOSES AND SAYS THAT:

- A. He/she is the owner of the real property whose Parcel Control Number is _____
- B. He/she authorizes and designates _____ to act in his/her behalf for the purposes of seeking approval of a Clearing Waiver for said property
- C. He/she has examined the above listed application(s) and he/she understands how the proposed clearing may affect said real property.

FURTHER AFFIANT SAYETH NOT.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ (Name of Person Acknowledging) who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

(Signature of Person Taking Acknowledgement)

Owner's Signature

(Name of Acknowledger Typed, Printed or Stamped)

Owner's Name (Print)

(Title or Rank)

Street Address

(Serial Number, if any)

City, State, Zip Code

(Notary's Seal)

(_____) _____
Telephone



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Attachment C – AR District Waivers

Section 87-025 of the Town of Loxahatchee Groves Unified Land Development Code lists seven activities in the Agricultural Residential (AR) zoning district that may be granted a Clearing Waiver. Please indicate which of the following Clearing Waivers you are requesting by initialing to the left of the appropriate description. Indicate the location of each requested waiver on the Site Plan (Attachment A).

<input type="checkbox"/>	The minimal removal of native trees or understory necessary to install a fence, provided that the path cleared for the fence does not exceed five feet in width, with an additional five feet, not to exceed a total of ten feet, in cases where a total of five feet is not physically possible, as determined by Town staff
<input type="checkbox"/>	Clearing required for the house pad and attached structures, the septic system, driveway and a 50-foot cleared buffer area around the house
<input type="checkbox"/>	Clearing required for building accessory structures, including a 30-foot cleared buffer around such structures
<input type="checkbox"/>	Pruning and removal of trees within a utility easement, for maintenance and where the trees are interfering with services provided by a utility, including public utility, water control, water management, and road right-of-way activities within utility and drainage easements.
<input type="checkbox"/>	Wetland mitigation or enhancement activities conducted pursuant to a permit from the South Florida Water Management District or the Florida Department of Environmental Protection under Chapter 62-312, F.A.C. as amended. A copy of the permit shall be attached to the Waiver granted by the Town.
<input type="checkbox"/>	Parcels of land shall be allowed to remove overgrown herbaceous understory vegetation to preserve tree canopy in areas where natural fire has been suppressed and where a prescribed burn would not be feasible.
<input type="checkbox"/>	One-time removal of up to five non-specimen native trees on an existing developed property.

By signing below I affirm that any additional vegetative clearing/altering activities regulated under Section 87-015 carried out on the property located at _____ which deviate from the proposed activities as specified above will require a General or Vegetative Permit.

Signature

Date