

**INDIAN RIVER COUNTY**  
**DUNE VEGETATION ALTERATION APPLICATION**  
**(\$130.00 Filing Fee Required)**

Date Application Received: \_\_\_\_\_ Number Assigned: \_\_\_\_\_

**1. General Information**

1. Applicant/Agent (circle one)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

2. Address where trimming/alteration is to occur:

\_\_\_\_\_

3. Legal description of the subject property (*please submit a copy of the deed or tax receipt notice indicating ownership of the property.* Briefly describe the area:

\_\_\_\_\_

\_\_\_\_\_

**II: Dune Vegetation Alteration**

1. State the reason(s) for the desired trimming or alteration of the dune vegetation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Number and type (species) of vegetation to be directly affected by the trimming or alteration:

\_\_\_\_\_

\_\_\_\_\_

3. If vegetation is to be removed, please provide a detailed description of the proposed re-vegetation and maintenance plan, including vegetation species, planting schedule, and maintenance schedule (note: removal of some dune vegetation may be prohibited by laws, and/or additional authorization from the Florida Department of Environmental Protection (FDEP) may be required):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please attach an additional sheet if more space is necessary)

4. **Person or company responsible for trimming, alteration or maintenance work:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

5. **Attachments:**

Location Map (*road map showing location of property*): \_\_\_\_\_

Plan View (*drawing showing properties, buildings, dune crossovers, areas of trimming/alteration with measurements*): \_\_\_\_\_

Copy of Aerial Photo (*obtained from Property Appraisers Office*): \_\_\_\_\_

6. **Date the activity is proposed to begin:** \_\_\_\_\_

**Approximate time frame for project completion:** \_\_\_\_\_

**DUNE VEGETATION ALTERATION IS PROHIBITED BETWEEN DECEMBER 1<sup>ST</sup> AND FEBRUARY 15<sup>TH</sup>.** This application must be signed by the property owner desiring to undertake the proposed activity or by a duly authorized agent, if accompanied by a written statement from the owner authorizing the agent to conduct activities on his/her behalf.

I, the undersigned, do hereby certify that I am familiar with Chapter 932 (Coastal Management) and Chapter 927 (Tree Protection) of the Indian River County Land Development Regulations and that the information contained within this application, to the best of my knowledge and belief, is true, complete and accurate. Upon request, I agree to provide additional information/data which may be necessary to fully process this application.

I also agree to provide entry/access to the project site for inspections from the Indian River County Planning Division or an authorized agent for Indian River County. Access shall be for the purpose of allowing preliminary analysis of the subject site and for subsequent monitoring of the project as may be required. I further certify that I possess the authority to undertake that proposed activities, and fully understand that I am responsible and may be held accountable for all activities, additional required permits and/or notifications which may be necessary, and possible fines and/or penalties for work not performed in accordance with permit criteria and regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***A One Hundred and Thirty (\$130.00) filing fee must accompany this application. Please remit check or money order payable to Indian River County.***