#  City of Cape Coral

#  Department of Community Development

# Eagle Management Affidavit

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| --- |
| Contractor or Owner:  |
| **PARCEL DESCRIPTION** |
| Unit |       | Block |      | Lots |       |
| Strap # |       |
| Street Address of Project: |       |
| City: |       | State: |    | Zip: |       |

I understand that the above referenced parcel is located within an Eagle Nest Management Zone. I understand that Cape Coral Ordinance 13–92 exists to protect bald eagles and prohibits certain activities with an Eagle Nest Management Zone. I understand how the provisions may affect the proposed development activities and agree to comply with the provisions of Ordinance 13–92. I understand that heavy construction is not permitted within an Eagle Nest Management Zone during a nesting period, which typically runs from October 1st to May 15, or whenever eagles are present at the nest site, unless a Bald Eagle Management Plan is submitted and approved by the City prior to the initiation of any construction. I understand that the City will issue a Stop Work Order should any heavy construction (as defined in Ordinance 13–92) for this project take place during a nesting period. I accept full responsibility for the actions of my employees, subcontractors, and suppliers.

|  |  |  |
| --- | --- | --- |
|  | by |       |
| Contractor or Owner (same as above) |  | (PRINT NAME AND TITLE) |
|  |  |  |
|  |  | Signature |

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| --- | --- | --- | --- | --- |
| STATE OF |    | , COUNTY OF |       |  |
|  |
| Subscribed and sworn to (or affirmed) before me this |       | day of  |       | , 20  , by |
|       | who is personally known or produced |       |
| as identification. |
|  | Exp. Date: |       | Commission Number: |       |
|  | Signature of Notary Public: |  |
|  | Printed name of Notary Public: |       |