# City of Cape Coral

# Department of Community Development

# Eagle Management Affidavit

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | | |  | | | | |