



# Town of Jupiter Island

Delegated Mangrove Authority  
For the State of Florida

Mangroves are regulated by the State of Florida. The Town of Jupiter Island is a delegated regulatory agency for the State for all mangrove trimming on Jupiter Island. Mangroves are regulated under ss. 403.9321 - 403.9333, the "Mangrove Trimming and Preservation Act of 1996.

For the purposes of 403.9321-403-9333 the following persons only are considered professional mangrove trimmers (PMT) and therefore may trim mangroves under specific criteria. Copy of Certification must be provided with application.

- 1) Persons who have been qualified, and Certified by the State of Florida as Professional Mangrove Trimmers;
- 2) Certified Arborists, certified by the International Society of Arboriculture;
- 3) Certified environmental professionals, certified by the Academy of Board Certified Environmental Professionals;
- 4) Certified ecologists certified by the Ecological Society of America;
- 5) Landscape Architect, licensed under part II of chapter 481.
- 6) Professional wetland scientists, certified by the Society of Wetland Scientists.

I qualify under # \_\_\_\_\_ above as a professional mangrove trimmer.

Certification number \_\_\_\_\_.

Signed \_\_\_\_\_.



# Town of Jupiter Island

## a State of Florida delegated Authority for the regulation of Mangrove Trimming

**NOTICE OF INTENT TO USE S. 403.9321-403-9321 F.S., *FOR MANGROVE TRIMMING***  
**APPLICATION FOR S. 403.9326, F.S., *INDIVIDUAL GENERAL PERMIT OR TO TRIM***  
***MANGROVES UNDER EXEMPTION***

This application form may be used to provide notice to the Town of Jupiter Island of your intent to use a general permit, or to trim mangroves under an exemption. Applications to trim or alter mangroves are not required to be submitted on this form. This form is being provided as a service to the public to clarify what information the department needs to process an application. Submitting all of the necessary information initially will reduce the permit application processing time.

### GENERAL INFORMATION / INSTRUCTIONS

- \*\* Mangrove trimming - means to cut mangrove branches, twigs, limbs, and foliage, but does not mean to remove, defoliate or destroy the mangroves. Trimming does not include the cutting of prop/aerial roots.
- \*\* Mangrove alteration - means anything other than trimming of mangroves.
- \*\* Please submit all documents in a clearly legible form on 8 1/2 X 11 inch paper, type or print all information.
- \*\* Submission of insufficient information may result in denial of the permit [403.9327(4), 403.9328(2)(a), F.S.]

#### FOR TOWN OF JUPITER ISLAND USE ONLY

DATES: Received \_\_\_ / \_\_\_ / \_\_\_ Complete \_\_\_ / \_\_\_ / \_\_\_ Inspected \_\_\_ / \_\_\_ / \_\_\_

Application No. : MA \_\_\_ / \_\_\_ / \_\_\_ Fee Received: \$ \_\_\_\_\_

**SECTION 1 / APPLICANT INFORMATION**

Applicant/Riparian  
Owners Name \_\_\_\_\_

Name of Applicants  
Agent, if applicable \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certification No.: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (Day) \_\_\_\_\_

Telephone (Day) \_\_\_\_\_

**SECTION 2 / APPLICATION TYPE AND PROCESSING FEE** (check the appropriate action)

\_\_\_\_\_ Exemption: No Charge

\_\_\_\_\_ General Permit, Alteration Permit, Modification or  
Renewal of Existing Permit: 2.25% of cost of the job.

**SECTION 3 / SITE LOCATION** (Please attach a vicinity map with clear directions to the proposed site using county, state, and U.S. highway names and route numbers. The vicinity map should clearly identify the project site so that a person unfamiliar with the area can locate the project site)

Name of Waterway at Location of the Proposed Activity \_\_\_\_\_

County and Municipality in Which the Proposed Activity is Located \_\_\_\_\_

Name of landowner Where Proposed Activity Will Occur: \_\_\_\_\_

\_\_\_\_\_

Street address, road or other descriptive location

#### SECTION 4 / PROJECT SITE INFORMATION

1. Please provide scaled or dimensioned site plans showing an overhead and profile (side-view) drawings clearly delineating and identifying the areas to be trimmed or altered. The overhead and profile drawings should be submitted on separate 8 ½ X 11" sheets of paper and should include the following information:
  - a. Graphic scale, and/or all principal dimensions and extent of proposed trimming or alteration; include the depth of the mangrove area(s) as measured waterward from the trunk of the most landward mangrove tree in a direction perpendicular to the shoreline to the trunk of the most waterward mangrove tree; the extent of the mangrove canopy, the existing height of the mangroves and the proposed height after trimming or alteration; the location of the proposed trimming or alteration in relation to permanent features such as docks, seawalls, fences, etc.. The profile drawing should show the portions of the trees that are proposed to be trimmed or altered in annual stages, such that the tallest trees are trimmed first, i.e., each trimming event will be limited to the lowest height the tallest tree(s) may be trimmed down to for that year.

**\*\*\* Please be aware that not all mangroves may legally be trimmed down to six (6) feet from the ground surface.** Notice where the lowest leaves are located on the trees. A trimming event that removes most of the leaves may be classified as "defoliation," which is not authorized under a "trimming" authorization. S. 403.9325(8), F.S. defines "trim" as "to cut mangrove branches, twigs, limbs, and foliage, but does not mean to remove, defoliate, or destroy the mangroves." Arborists recommend not removing more than 25% of the foliage annually to maintain a healthy tree. In the Mangrove Act this 25% limit on annual removal of foliage is referred to as "staged trimming." See S. 403.9326(1)(b)3, F.S. Trees 16 ft. and taller must be staged trimmed. Trees taller than 24 feet may not be trimmed without a permit. Not all Red Mangroves can be top cut, or hedged, windowing may then be appropriate.
  - b. Include the approximate location and species of all mangrove trees at the project site, or if this is not practical, show the area covered by the tree canopy and indicate the dominant tree species present.
  - c. North arrow and a legend that explains all symbols and patterns used in the drawings.
2. Please provide recent color photographs that clearly depict the existing conditions within the area of the proposed trimming or alteration. Mark on the photographs the heights or configurations that are proposed to be attained. Include some reference features in the photographs that can be used to judge the existing and proposed dimensions, heights, and configurations of the trees. Photos following the trimming action should be taken and submitted for final inspection.

#### SECTION 5 / INFORMATION SPECIFIC TO GENERAL PERMIT OR EXEMPTION APPLICATIONS

Applicants for Exemption trimming or a General Permit must provide sufficient information to enable the Town of Jupiter Island Permitting Department to determine the scope of the proposed trimming and whether the activity will comply with the conditions of Section 403.9327, or 403.9326 Florida Statutes.

All Exemption trimming pursuant to Section 403.9326 must be performed by a Professional Mangrove Trimmer or under supervision of person or persons with personal knowledge or documentation of said exemption qualification.

All trimming under a General Permit pursuant to Section 403.9327, Florida Statutes, must be performed by a professional mangrove trimmer. This application must be signed by the professional mangrove trimmer who will perform the trimming, and the individual who owns or controls the property.

1. Mangrove Trimming is Being Proposed According to the Following Section of the Act (check the appropriate box):
  - S. 403-9326 Exemption Trimming
  - S. 403.9327(1)(a), F.S. - General Permit to Trim Mangroves for Riparian Property Owners
  - S. 403.9327(1)(b), F. S. - General Permit for the Limited Trimming of Mangroves Within Existing Navigational Channels, Basins, or Canals to Provide Clearance for Navigation of Watercraft

**SECTION 5 (continued)**

2. Name of Trimmer \_\_\_\_\_
- Name of riparian land owner \_\_\_\_\_
3. Have mangroves on the parcel of property where this project is proposed, been trimmed in the past under a General Permit authorized by Section 403.9327(1), Florida Statutes? Or have they been previously trimmed under Exemption 403.9326.
- \_\_\_\_ General Permit
- \_\_\_\_ Previously Trimmed under Exemption:
4. What percentage of the mangroves, or linear footage along the shoreline will be trimmed? \_\_\_\_\_
5. Please show how the mangroves will be trimmed to ensure that no more than 25 % of the foliage will be removed annually until the final height is achieved. Incremental reduction may be necessary. Make allowance for regrowth. Please provide a schedule of trimming that includes, at a minimum, the anticipated beginning and ending dates of the trimming project (attach additional sheets if necessary).
- \_\_\_\_\_
- \_\_\_\_\_
6. How will the cut mangrove material be removed, and where will the cut material be disposed? \_\_\_\_\_
- \_\_\_\_\_
7. Are the mangroves proposed to be trimmed located within a conservation easement?  Yes  No  
If yes, attach a copy of the conservation easement.
8. Is the proposed trimming to occur on property developed for multifamily residential use?  Yes  No  
If yes, trimming must be equitably distributed so that each owner's riparian view is similarly affected (S. 403.93271(1), F.S.).
9. Professional Mangrove Trimmer who will supervise or conduct the proposed mangrove trimming project:
- Name \_\_\_\_\_ Address \_\_\_\_\_  
(print or type) \_\_\_\_\_
- Telephone(Day) \_\_\_\_\_ \_\_\_\_\_
- I qualify as professional mangrove trimmer under the following authority: \_\_\_\_\_
- \_\_\_\_\_
- (If qualified by being a member of one of the professional groups listed in Subsection 403.9329(1), Florida Statutes, provide documentation of your membership. If qualified by the Department pursuant to Subsection 403.9327(2), Florida Statutes, a copy of the Notice of Professional Mangrove Trimmer Status must be submitted with this application.)
- Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 6 / INFORMATION SPECIFIC TO INDIVIDUAL PERMIT APPLICATIONS TO ALTER MANGROVES**

\*\* If a proposed mangrove alteration or trimming project does not qualify for an exemption under Section 403.9326, Florida Statutes, or a General Permit under Section 403.9327, Florida Statutes, an Alteration or Trimming Permit under Section 403.9328, Florida Statutes, must be obtained prior to conducting the proposed activities.

\*\* Applications for activities authorized under S. 403.9328 are subject to review under Ss. 373.414(1) & (8), F.S.

\*\* Applicants for an Individual Permit to Alter or Trim Mangroves must provide sufficient information to enable the Department to determine the scope and impacts of the proposed project [S. 403.9328(2)(a), F.S.].

1. The proposed activities involve mangrove (check the appropriate box):     Alteration         Trimming

2. How many mangroves are to be altered or trimmed?     1-19         20 or more

3. Is the proposed alteration or trimming part of a dredge and fill project that is exempt under Section 403.813, Florida Statutes, or permitted under Part IV of Chapter 373, Florida Statutes?     Yes         No

4. The purpose of the project is to provide (check appropriate box):     View         Access         Other  
(explain)

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5. Are the mangroves proposed to be trimmed located within a conservation easement or an area that has been created, enhanced, restored or preserved as mitigation for a dredge & fill permit, MSSW permit, or an Environmental Resource Permit?     Yes         No  
If yes, attach a copy of the conservation easement and/or the permit.

6. Provide the name and contact for the entity (entities) who is (are) riparian to the mangroves to be affected. [Riparian ownership implies ownership waterward to the mean high water line.]

7. Please describe the alteration or trimming techniques to be used (attach additional sheets if necessary):

a. How will the mangroves be altered or trimmed? \_\_\_\_\_

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b. Who will perform the alteration or trimming? \_\_\_\_\_

c. How will the cut mangrove material be removed, and where will the cut material be disposed? \_\_\_\_\_

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8. Please describe any additional alteration or trimming details (attach an additional sheet if necessary).

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**THIS PAGE NOT NECESSARY FOR EXEMPTION OR GENERAL PERMIT MANGROVE TRIMMING**

**SECTION 7 / CERTIFICATION**

Application is hereby made for a permit or permits to authorize the activities described herein.

1. I hereby certify that: (please check the appropriate box)

I am the record owner , lessee , or the record easement holder  of the property described in Section 3 of this application.

I am not , the record owner, lessee, or record easement holder of the property described in Section 3 of this application.

2. I understand I may be required to provide additional information/data necessary to demonstrate reasonable assurance or evidence that the proposed activities will comply with the applicable State Water Quality Standards and other environmental standards.

3. I agree to provide entry to the project site for inspectors with proper identification or documents as required by law from the environmental agencies for the purpose of inspecting the site. Further, I agree to provide entry to the project site for such inspectors to monitor permitted work if a permit is granted.

4. I am familiar with the information contained in this application and that to the best of my knowledge and belief, such information is true, complete and accurate. I further certify that I possess the authority to undertake the proposed activities or am acting as the duly authorized agent of the applicant. I understand that knowingly making any false statement or representation in this application is a violation of Section 403.161, Florida Statutes, and Chapter 837, Florida Statutes.

\_\_\_\_\_  
Printed/Typed Name of Applicant or Agent      Signature of Applicant or Agent      Date

\_\_\_\_\_  
Corporate Title if Applicable

**An Agent May Sign Above If Applicant Completes The Following**

I hereby designate and authorize the agent listed above to act on my behalf as my agent in the processing of this permit application and to furnish, on request, supplemental information in support of the application.

\_\_\_\_\_  
Printed/Typed Name of Applicant      Signature of Applicant      Date

\*\* Please submit this completed form, with attached drawings and other necessary information along with a check in the amount of the appropriate processing fee (as determined in Section 2, page 2). Make the check payable to, Town of Jupiter Island and send to: Town of Jupiter Island, 2 Bridge Road , Hobe Sound Florida 33455.