



NATURAL FEATURES INVENTORY & ENVIRONMENTAL  
IMPACT ANALYSIS EXEMPTION REQUEST  
INFORMATION

FEE: \$175.00

To request an evaluation of your site for potential exemption from the Natural Features Inventory and Environmental Impact Analysis review process, you must complete an Exemption Request Application form.

As part of the application, the following is also required:

- A completed Owner's Affidavit
- A general location map.
- A scaled Site Plan showing the property boundaries.
- A Contour Map with the property boundaries identified.

When sites are heavily forested, an Aerial photograph or map is also required. Aerials may be obtained from the Tallahassee Leon County GIS Mapping Department, (850) 606-5504. Xerographic copies of aerials are not acceptable.

Color documents should also be submitted in electronic form in one of the following formats: .tif, .pdf, .jpeg, or .bmp.

The Property Boundaries should be flagged or clearly discernible.

**A Cultural Resource Assessment clearance letter must be received by the Growth Management Department prior to any approval of an exemption request. Cultural Resource Assessments are done by the State of Florida, Bureau of Historic Preservation, Compliance Review Section, (850) 245-6333.**

Most reviews will be completed within six (6) working days. However, failure to provide the requested information may result in a longer review time. Additional information may also be required. If you have questions about this process, please call our office at 891-7001, option 4.

**Required Attachments:** Following are required attachments, other supporting information may be necessary.

\_\_\_ Owner's Affidavit \_\_\_ Location Map \_\_\_ Site Plan \_\_\_ Contour Map

\*\*\*Color documents should also be submitted in electronic form in one of the following formats: .tif; .pdf; .jpeg; or .bmp)\*\*\*

1. Property Owner's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_
2. Applicant's (Optionee) Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_
3. Agent's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_
4. Project Name: \_\_\_\_\_
5. Total Acreage of Project Site \_\_\_\_\_
6. Parcel Tax ID # (s): \_\_\_\_\_
7. Location: \_\_\_\_\_
8. LUCC #: \_\_\_\_\_