

Class IV Permit Application



FOR DEPARTMENTAL USE ONLY		Updated 09/09
Date Received:	Application Number:	
	Application Fee:	

Application must be filled out in its entirety. Please indicate N/A for non-applicable fields.

1. Applicant Information: Name: _____ Address: _____ <div style="text-align: right;">Zip Code: _____</div> Phone #: _____ Fax#: _____ Email: _____ <small>* This should be the applicant's information for contact purposes.</small>	2. Applicant's Authorized Permit Agent: <small>Agent is allowed to process the application, furnish supplemental information relating to the application and bind the applicant to all requirements of the application.</small> Name: _____ Address: _____ <div style="text-align: right;">Zip Code: _____</div> Phone #: _____ Fax #: _____ Email: _____
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3. Location where proposed activity exists or will occur (latitude and longitude are only necessary for properties without address or folio #):	
Folio #(s): _____	Latitude: _____ Longitude: _____
Street Address: _____ Section: _____ Township: _____ Range: _____	
In City or Town: _____ Near City or Town: _____	

4. Describe the proposed activity (check all that apply):	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Row Crops <input type="checkbox"/> Fruit Grove <input type="checkbox"/> Field Nursery - At Grade <input type="checkbox"/> Field Nursery - Row and Furrow <input type="checkbox"/> Container Nursery <input type="checkbox"/> Shade House Nursery <input type="checkbox"/> Drainage Features <input type="checkbox"/> Other: _____	<input type="checkbox"/> Excavation/Dredging (See Box 6) <input type="checkbox"/> Lake Excavation <input type="checkbox"/> Drainage Features <input type="checkbox"/> Rock Mining
<input type="checkbox"/> Filling <input type="checkbox"/> Limerock <input type="checkbox"/> Soil/Muck <input type="checkbox"/> Sand <input type="checkbox"/> Marl <input type="checkbox"/> Clay <input type="checkbox"/> Stone <input type="checkbox"/> Concrete Rubble	
<input type="checkbox"/> Other: _____	
Total Property size: _____ acres Wetland acreage proposed to be impacted: _____ acres	
Are you seeking an after-the-fact approval for any portion of the work (ATF)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Proposed Use (check all that apply): <input type="checkbox"/> Single Family <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Industrial <input type="checkbox"/> Private <input type="checkbox"/> Utility <input type="checkbox"/> Public <input type="checkbox"/> Other <input type="checkbox"/> Agricultural	6. If the proposed work relates to Excavation/Dredging as indicated in Box 4 above, provide the following information: Proposed acreage of excavation: _____ acres Proposed depth of excavation: _____ feet below ground surface Proposed acreage of backfill area: _____ acres (if applicable)
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7. List all permits or certifications that have been applied for or obtained for the above referenced work:				
Issuing Agency	Type of Approval	Identification Number	Application Date	Approval Date

8. Contractor Information (If known):

Name: _____ License # (County/State): _____

Address: _____ Zip Code: _____

Phone #: _____ Fax #: _____ E-mail: _____

9. IMPORTANT NOTICE TO APPLICANTS: The written consent of the property owner is required for all applications to be considered complete. Your application WILL NOT BE PROCESSED unless the Applicant **and** Owner Consent portion of the application is completed below. You have the obligation to apprise the Department of any changes to information provided in this application.

Application is hereby made for a Miami-Dade County Class IV permit to authorize the activities described herein. I agree to or affirm the following:

- I possess the authority to authorize the proposed activities at the subject property, and
- I am familiar with the information, data and plans contained in this application, and
- To the best of my knowledge and belief, the information, data and plans submitted are true, complete and accurate, and
- I will provide any additional information, evidence or data necessary to provide reasonable assurance that the proposed project will comply with the applicable State and County water quality standards both during construction and after the project is completed, and
- I am authorizing the permit agent listed in Section 2 of this application to process the application, furnish supplemental information relating to this application and bind the applicant to all requirements of this application, and
- I agree to provide access and allow entry to the project site to inspectors and authorized representatives of Miami-Dade County for the purpose of making the preliminary analyses of the site and to monitor permitted activities and adherence to all permit conditions.

A. IF APPLICANT IS AN INDIVIDUAL

Signature of Applicant	Print Applicant's Name	Date
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B. IF APPLICANT IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON

(Examples: Corporation, Partnership, Trust, LLC, LLP, etc.)

Print Name of Applicant (Enter the complete name as registered)	Type (Corp, LLC, LLP, etc.)	State of Registration/Incorporation
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Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Applicant, to bind the Applicant, and if so required to authorize the issuance of a bond on behalf of the Applicant. (If asked, you must provide proof of such authority to the Department). *Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages. *****

Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date
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C. IF APPLICANT IS A JOINT VENTURE Each party must sign below (If more than two members, list on attached page)

Print Name of Applicant (Enter the complete name as registered)	Type (Corp, LLC, LLP, etc.)	State of Registration/Incorporation
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Print Name of Applicant (Enter the complete name as registered)	Type (Corp, LLC, LLP, etc.)	State of Registration/Incorporation
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Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Applicant, to bind the Applicant, and if so required to authorize the issuance of a bond on behalf of the Applicant. (If asked, you must provide proof of such authority to the Department). *Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages. *****

Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date
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Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date
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Class IV Permit Application Additional Signatures Page

(Please attach to Class IV permit application)

Applicant Name: _____

Owner Name: _____

Project Location: _____

Additional signatures for: Applicant
 Owner

1. IF THE APPLICANT/OWNER IS AN INDIVIDUAL

Signature of Applicant/Owner	Print Name of Applicant/Owner	Date
Signature of Applicant/Owner	Print Name of Applicant/Owner	Date

2. IF THE APPLICANT/OWNER IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON
 (Examples: Corporation, Partnership, Trust, LLC, LLP, etc.)

Print Name of Applicant/Owner (Enter the complete name as registered)	Type (Corp, LLC, LLP, etc.)	State of Registration/Incorporation
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Under the penalty of perjury, we certify that we have the collective authority to sign this application on behalf of the Applicant/Owner, to bind the Applicant/Owner, and if so required to authorize the issuance of a bond on behalf of the Applicant/Owner. (If asked, you must provide proof of such authority to the Department). *Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages.*****

Signature	Print Name	Title	Date
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