



# Class IV Wetland Permit Application

<b>For Official Use Only</b> CORPS Application Number: _____ DEP/SFWMD Application Number: _____	Date Received	Application Number
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**1. Applicant Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

**2. Applicant's authorized permit agent:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

**3. Location where proposed activity exists or will occur:**

Street, road, or other descriptive location \_\_\_\_\_

Section: \_\_\_\_\_  
 Township: \_\_\_\_\_ Incorporated city or town \_\_\_\_\_  
 Range: \_\_\_\_\_  
 Folio Number \_\_\_\_\_

**4. Proposed use:**

Private Single Dwelling	<input type="checkbox"/>	Commercial	<input type="checkbox"/>
Multi-Family Dwelling	<input type="checkbox"/>	Agricultural	<input type="checkbox"/>
Multi-Single Family	<input type="checkbox"/>	Public	<input type="checkbox"/>
Please explain:		Other	<input type="checkbox"/>

**5. Description of Project (Use additional sheets, if necessary)**

Total Acreage of Wetlands to be Impacted \_\_\_\_\_

**A. Lake Excavation or Dredging:**

1. Total wetland acreage to be excavated or dredged \_\_\_\_\_

2. Cubic yards: Total for Project \_\_\_\_\_

a. Depth of excavated/dredged area \_\_\_\_\_

b. Type of material to be excavated/dredged \_\_\_\_\_

**B. Placement of Fill**

1. Total wetland acreage to be filled \_\_\_\_\_

a. Cubic yards \_\_\_\_\_

2. Type of material to be used \_\_\_\_\_

3. Source of fill material to be used \_\_\_\_\_

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5. Description of Project (continued)

C. Agriculture

1. Total wetland area to be cleared and/or plowed \_\_\_\_\_

2. Total area to be bedded for planting \_\_\_\_\_

3. Type of agriculture to be conducted (check any that apply):

a. Row Crops

b. Grove

c. Field Nursery

d. Container Nursery

e. Shade House Nursery

f. Other

(please explain) \_\_\_\_\_

4. If proposed project involves the construction of any drainage, water containment or conveyance facilities (I.e. ditches, diked areas, ponds, swales), please describe the proposed facilities:

\_\_\_\_\_

NOTE: If the project involves construction of any residential, office, storage facilities or other structures, or if the project involves the placement of a trailer on the property, separate approval from Miami-Dade County Building and Zoning Department (305-375-2500) is required:

6. Date activity is proposed to commence \_\_\_\_\_

Date activity is proposed to be completed \_\_\_\_\_

7. Previous permits for this project (or any part thereof) have been:

	State*	Corps*
A. Denied (date) _____	_____	_____
B. Issued (date) _____	_____	_____
C. Other (please explain) _____	_____	

\*Differentiate between existing work and proposed work on the drawings.

8. ADDITIONAL ITEMS REQUIRED FOR APPLICATION SUBMITTAL. (Please note that, in addition to the information requested on this application form, there are several other items which must be submitted with your application. See Instruction pamphlet for the additional information required for this application.)

9. AFFIDAVIT OF OWNERSHIP OR CONTROL of the property on which the proposed project is to be undertaken.

I CERTIFY THAT I AM THE RECORD OWNER, LESSEE, OR RECORD EASEMENT HOLDER OF THE PROPERTY DESCRIBED BELOW.

NOTE: Lessees must provide a signed, notarized statement from the property owner indicating that the owner has reviewed the proposed project, including all proposed plans, and has agreed to allow the proposed project to occur on his or her lands.

LEGAL DESCRIPTION OF PROPERTY SITUATED IN MIAMI-DADE COUNTY, FLORIDA  
(use additional sheets if necessary)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Official Title

Sworn and subscribed before me at \_\_\_\_\_ county, this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

10. APPLICATION IS MADE FOR A PERMIT(S) TO AUTHORIZE THE ACTIVITIES DESCRIBED HEREIN.

- A. I authorize the agent listed in Item #2 to negotiate modifications or revisions, when necessary, and accept or assent to any requirements on my behalf.
- B. I agree to provide entry to the project site for inspectors with proper identification or documents from Miami-Dade County Department of Environmental Resources Management for the purpose of making preliminary analyses of the site. Further, I agree to provide entry to the project site for such inspectors to monitor permitted work if a permit is granted.
- C. Further, I hereby acknowledge the obligation and responsibility for obtaining all of the required state, federal or local permits **before** commencement of construction activities. I also understand that before commencement of this proposed project I must be granted separate permits or authorizations from the U.S. Army Corps of Engineers, the Department of Environmental Protection and the South Florida Water Management District, as necessary.

I certify that 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.

_____ Signature of Applicant(s)	_____ Date
_____ Print Name	
_____ Official Title	
_____ Signature of Applicant(s)	_____ Date
_____ Print Name	
_____ Official Title	

NOTE: THIS APPLICATION MUST BE SIGNED by the person(s) who desires to undertake the proposed activity or by an authorized agent. If an agent is applying on behalf of the applicant, attach proof of authority for the agent to sign and bind the applicant.

NOTICE TO PERMIT APPLICANTS

This is a Class IV Permit Application; It is **NOT** A Class IV Permit! You Must Obtain **ALL** Required Local, State, and Federal Authorizations or Permits **BEFORE** Commencing work!!

Revised 6-7-07