

**DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT (DERM)
MARINE FACILITIES ANNUAL OPERATING PERMIT APPLICATION**

FACILITY NAME: _____	CERTIFICATE OF USE & OCCUPANCY: _____
FACILITY LOCATION: _____	DATE FACILITY OPENED: _____
_____	DAYS OF WEEK IN OPERATION: _____
CONTACT PERSON: _____	HOURS PER DAY: _____
_____	TOTAL NUMBER OF WET SLIPS: _____
TELEPHONE NUMBER: _____	TOTAL NUMBER OF DRY SLIPS: _____
MAILING NAME: _____	TOTAL NUMBER OF COMMERCIAL VESSELS: _____
MAILING ADDRESS: _____	TOTAL NUMBER OF RECREATIONAL VESSELS: _____
_____	TOTAL NUMBER OF LIVEBOARDS: _____
TYPE OF FACILITY: _____	PROPERTY FOLIO # _____
OCCUPATIONAL LICENSE: _____	MARINE FACILITIES OPERATING PERMIT #: MOP - _____

Our records indicate that your facility requires an annual DERM Marine Facilities Operating Permit. Therefore, please confirm and fill out the remainder of the above application, the attached questionnaire and review the fee schedule. Within 30 days of receipt, return this application, the completed questionnaire and a check (payable to Miami-Dade County) in the amount indicated on the fee schedule, and mail to:



ENVIRONMENTAL RESOURCES MANAGEMENT
MARINE FACILITIES OPERATING PERMIT PROGRAM
701 NW 1st Court, 6th floor
MIAMI, FLORIDA 33136-3912
(305) 372-6575

The undersigned owner or authorized representative* of _____ is fully aware that the statements made in this application for an operating permit are true, correct, and complete to the best of the applicant's knowledge and belief.

* Please attach letter of authorization.

(For DERM Use Only)
Date Received: ___/___/___
Approved By: _____

Signature, Owner of Authorized Representative
(Notarization is mandatory)

Typed Name and Title

Sworn to and subscribed before me this _____ day of _____ 20_____.

Notary Public

APPLICATION FOR DERM MARINE FACILITIES ANNUAL OPERATING PERMIT

Date: _____

1. GENERAL INFORMATION

Name of Facility: _____

Location: _____

Type of Marine Facility: _____

Telephone Number: _____

Number of Wet Slips: _____

Number of Dry Slips: _____

Number of Recreational Vessels: _____

Number of Commercial Vessels: _____

Number of Power Vessels: _____

Number of Sailing Vessels: _____

Owner or Authorized Person: _____

Business Address: _____

Certificate of Occupancy No.: _____

Telephone: _____

Occupational License No.: _____

Other Dade County Permit Nos.: _____

Days per Year in Operation: _____

Days per Week in Operation: _____

Hours per Day in Operation: _____

Number of Employees: _____

Seasonal Operation: From _____ To _____

Emergency Contact Person: _____

Phone No. _____

2. Type of Waste Generated

(Check One or More)

- _____ Acids
- _____ Waste Oil
- _____ Waste Diesel
- _____ Waste Gasoline
- _____ Solvents
- _____ Transmission Fluid
- _____ Oily Bilge Water
- _____ Chemicals
- _____ Wastewater from Steam
- _____ Cleaning Operations
- _____ Lead Acid Batteries
- _____ Pesticides
- _____ Other (Please Specify)
- _____
- _____

Type of Material Stored

(Check One or More)

- _____ Acids
- _____ Oil
- _____ Diesel Fuel
- _____ Gasoline
- _____ Transmission Fluid
- _____ Solvents
- _____ Paint Strippers
- _____ Varnish
- _____ Paints (Other)
- _____ Bottom Paint
- _____ Chemicals
- _____ Resins
- _____ Caustics
- _____ Other (Please Specify)
- _____
- _____

Note: All Changes of Address, Ownership of Establishments, or Permanent Storage Capacity Require New Permits. Notify DERM within 10 days.

3. METHOD AND LOCATION OF DISPOSAL

Specify Name and Address of Disposal Company Used for Each type of waste and frequency of pick up.

LIQUID WASTE (Oil, Solvents, Transmission Fluid, Washwaters, etc.)

Name: _____

Address: _____

Frequency: _____

Type: _____

SLUDGE WASTE (Still Bottoms, Treatment, Recirculation, or Separation System Sludges, etc.)

Name: _____

Address: _____

Frequency: _____

Type: _____

SOLID WASTE (Dry Chemicals, Empty Chemical Containers, Contaminated Rags, etc.)

Name: _____

Address: _____

Frequency: _____

Type: _____

OTHER WASTE

Name: _____

Address: _____

Frequency: _____

Type: _____

4. WATER SUPPLY

Name of Utility Company: _____

Number of Wells: _____

Volume Used Annually: _____

5. SEWAGE DISPOSAL

Number of sewage pump outs _____ Number of sewage pump outs operational _____

Is Facility Served by Septic Tank: Yes _____ No _____

Is Facility Served by Sanitary Sewer: Yes _____ No _____

9. STORAGE TANK

- A. Aboveground Capacity: _____ Type Product: _____
- B. Underground Capacity: _____ Type Product: _____
- C. Attach Material Safety Data Sheets for Quantities of Chemicals Over 5 Gallons.
- D. Sketch or Attach Photographs of Facility Showing Storage, Waste Generation and Disposal Area.

10. HURRICANE EVACUATION INFORMATION

- A. Do you require boat owners to remove their vessels in the event of a hurricane? ___ Yes ___ No
- B. If yes, when do you require them to leave? _____ Hours Before _____ Days Before
- C. Do you have sanctions against owners who do not remove their boats? ___ Yes ___ No
- D. During past hurricane warnings, approximately how many boats remained in your marina? _____
- E. Does your marina have a hurricane preparedness plan? ___ Yes ___ No
- F. If yes, is it made available to all boat owners in your marina? ___ Yes ___ No
- G. What percentage of the boats in your marina is owned by people who live outside Miami Dade County? _____ %

Owner or Responsible Official

Title

Date

Signature

BOAT DOCKING AND BOAT STORAGE FACILITIES FEE SCHEDULE

<u>A. Wet Slips/Dry Storage</u>	<u>Annual Fee</u>
1. Recreational facility	\$ 75 + \$7 / slip up to a maximum of \$1,060
2. Commercial facility	\$140 + \$7 / slip up to a maximum of \$1,060
3. Recreational or commercial with repairs, maintenance, fueling or other industrial activity	\$265 + \$7 / slip up to a maximum of \$1,380