Class IV Permit Application



FOR DEPARTMENTAL USE ONLY Updated 02/22				
Date Received:	Application Number:			
	Application Fee:			
Application must be filled out in its entirety. Please	e indicate N/A for non-applicable fields.			
1. Applicant Information:	2. Applicant's Authorized Permit Agent:			
Name:	Agent is allowed to process the application, furnish supplemental information relating to the application and bind the applicant to all requirements of the application.			
Address:	Name:			
Zip Code:	Address:			
Phone #:Fax#:	Zip Code:			
Email:	Fax #:			
* This should be the applicant's information for contact purposes.	Email:			
3. Location where proposed activity exists or will o	ccur (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 ap				
☐ Agriculture ☐ Row Crops	Excavation/Dredging (See Box 6) Filling Lake Excavation Lake Excavation			
Fruit Grove	Drainage Features			
Field Nursery - At Grade	Rock Mining Sand			
Field Nursery - Row and Furrow				
Container Nursery	Clay			
Shade House Nursery	Stone			
_ ~	only clean fill as defined in Section 24-5 is authorized Tocorcete Rubble			
Other: fo	or use in wetlands Source*:			
Other:				
Total Property size:acres	Wetland acreage proposed to be impacted:acres			
Are you seeking an after-the-fact approval for an	y portion of the work (ATF)?			
5. Proposed Use (check all that apply): 6. If the proposed work relates to Excavation/Dredging as indicated in Box 4				
Single Family	above, provide the following information:			
Multi-Family Industrial	Proposed acreage of excavation:acres			
Private Utility Public Other	Proposed depth of excavation:feet below ground surface			
Agricultural	Proposed acreage of backfill area:acres (if applicable)			
7 List all permits or cortifications 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 Inform	nation (If known):		
Name:		License # (County/State):	
Address:			Zip Code:
Phone #:	Fax #:	E-mail:	
considered compl	ete. Your application WILL	NOT BE PROCESSED unless the	ty owner is required for all applications to be Applicant and Owner Consent portion of the ment of any changes to information provided in

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

	Print Applicant's Name		Date	
IF APPLICANT IS OTHER THAN AN IND	DIVIDUAL OR I	NATURAL PERSON		
(Examples: Corporation, Partnership,	Trust, LLC, LLP	P, etc.)		
Print Name of Applicant (Enter the complete name	as registered)	Type (Corp, LLC, LLP, etc.)		State of Registration/Incorporation
nder the penalty of perjury, I certify that I ha	ave the authori	ity to sign this application on I	behalf of	the Applicant, to bind the Applica
d if so required to authorize the issuance of	f a bond on beh	half of the Applicant. (If asked	, you mu	ist provide proof of such authority
e Department). <u>***Please Note: If addition</u>	-		r govern	ing documents, operating agreeme
other applicable agreements or laws, you n	nust attach add	litional signature pages. ***		
ignature of Authorized Representative	Print Authoriz	ed Representative's Name	Title	Date
IF APPLICANT IS A JOINT VENTURE Ea	ach party mus	st sign below (If more than t	two mei	nbers, list on attached page)
				, , , , , , , , , , , , , , , , , , , ,
Print Name of Applicant (Enter the complete name	as registered)	Type (Corp, LLC, LLP, etc.)		
Print Name of Applicant (Enter the complete name	as registered)	Type (Corp, LLC, LLP, etc.)		State of Registration/Incorporation
				State of Registration/Incorporation
		Type (Corp, LLC, LLP, etc.) Type (Corp, LLC, LLP, etc.)		
Print Name of Applicant (Enter the complete name	as registered)	Type (Corp, LLC, LLP, etc.)		State of Registration/Incorporation
Print Name of Applicant (Enter the complete name nder the penalty of perjury, I certify that I ha nd if so required to authorize the issuance of	as registered) ave the authori f a bond on beh	Type (Corp, LLC, LLP, etc.) ity to sign this application on l nalf of the Applicant. (If asked	behalf of , you mu	State of Registration/Incorporation State of Registration/Incorporation the Applicant, to bind the Applica Ist provide proof of such authority
Print Name of Applicant (Enter the complete name nder the penalty of perjury, I certify that I ha nd if so required to authorize the issuance of e Department). <u>***Please Note: If additio</u>	as registered) ave the authori f a bond on beh mal signatures a	Type (Corp, LLC, LLP, etc.) ity to sign this application on l nalf of the Applicant. (If asked are required, pursuant to you	behalf of , you mu	State of Registration/Incorporation State of Registration/Incorporation the Applicant, to bind the Applica Ist provide proof of such authority
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Print Name of Applicant (Enter the complete name nder the penalty of perjury, I certify that I ha nd if so required to authorize the issuance of ne Department). <u>***Please Note: If additio</u>	as registered) ave the authori f a bond on beh onal signatures nust attach add	Type (Corp, LLC, LLP, etc.) ity to sign this application on l nalf of the Applicant. (If asked are required, pursuant to you	behalf of , you mu r govern	State of Registration/Incorporation State of Registration/Incorporation the Applicant, to bind the Applica ist provide proof of such authority ing documents, operating agreeme

10. WRITTEN CONSENT OF THE PR	OPERTY OWNER FOI	R THE PROPOSED WORK LO	CATION	
I/We are the fee simple owner(s) of	the real property loc	ated at		Miami-Dade
County, Florida, otherwise identified in	the public records of I	Miami-Dade County as Folio No		1
am aware and familiar with the conte	nts of this application	for a Miami-Dade County Class	S IV Permit to perform the wo	ork on the subject
property, as described in Section 4 of t	his application. I hereb	y consent to the work identified	d in this Class IV Permit applica	ation.
A. IF THE OWNER IS AN INDIVIDU	IAL			
Signature of Owner	Print Ov	vner's Name	Date	
Signature of Owner	Print Ov	vner's Name	Date	
(Examples: Corporation, Partners) Print Name of Applicant (Enter the comple	··· ·	Type (Corp, LLC, LLP, etc.)	State of Registration/Inco	orporation
Address of Owner				
Under the penalty of perjury, I certify so required to authorize the issuance Department). <u>***Please Note: If add</u> other applicable agreements or laws,	of a bond on behalf of litional signatures are	the Owner. (If asked, you mus required, pursuant to your gov	t provide proof of such autho	rity to the
Signature of Authorized Representative	Print Authorized Repres	sentative's Name Title		Date
Signature of Authorized Representative	Print Authorized Repres	sentative's Name Title		Date

Please Review Above

Appropriate signature(s) must be included in:

Box 9: either A, B **or** C

<u>AND</u>

Box 10: either A **or** B

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	IINDIVIDUAL				
Signature of Applicant/Owner	Print Name o	f Applicant/Owner	Date		
Signature of Applicant/Owner	Print Name o	f Applicant/Owner	Date		
2. IF THE APPLICANT/OWNER IS OT (Examples: Corporation, Partners	HER THAN AN INDIVIDUAL OR NATU hip, Trust, LLC, LLP, etc.)	RAL PERSON			
Print Name of Applicant/Owner (Enter the	e complete name as registered) Type (Co	orp, LLC, LLP, etc.) State o	f Registration/Incorporation		
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). <u>***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. <u>***</u></u>					
Signature	Print Name	Title	Date		
Signature	Print Name	Title	Date		
Signature	Print Name	Title	Date		
Signature	Print Name	Title	Date		
Signature	Print Name	Title	Date		
Signature	Print Name	Title	Date		
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