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 |
| 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 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 |
| Print Name of Applicant (Enter the complete name 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> r other applicable agreements or laws, you n | 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 |
| 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> other applicable agreements or laws, you n | 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 <u>are required, pursuant to you</u> <u>ditional signature pages. ***</u> | 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 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 | | |
| Signature | Print Name | Title | Date | | |
| Signature | Print Name | Title | Date | | |
| Signature | Print Name | Title | Date | | |