Class III/IV Permit Application





	FOR DEPARTMENTAL USE ONLY Updated 11
Date Received:	Application Number:
	Application Fee:
Application must be filled out in its entirety. P	Please indicate N/A for non-applicable fields.
. Applicant Information:	2. Applicant's Authorized Permit Agent:
Name:	Agent is allowed to process the application, furnish supplemental information relating to application and bind the applicant to all requirements of the application.
Address:	Name:
Zip Code:	Address:
Phone #:Fax#:	Zip Code:
Email:	
This should be the applicant's information for contact purposes.	Email:
Location where proposed activity exists or v	vill occur (latitude and longitude are only necessary for properties without address or folio #):
-olio #(s):	Latitude:Longitude:
treet Address:	Section: Township: Range:
	Near City or Town:
. Describe the proposed activity (check all tha	t apply):
☐ Agriculture	☐ Excavation/Dredging (See Box 6) ☐ Filling
☐ Row Crops	☐ Lake Excavation ☐ Limerock
☐ Fruit Grove	☐ Drainage Features ☐ Soil/Muck
Field Nursery - At Grade	☐ Rock Mining ☐ Sand
☐ Field Nursery - Row and Furrow	☐ Marl
Container Nursery	☐Clay
Shade House Nursery	Stone
☐ Drainage Features	*only clean fill as defined in Section 24-5 is authorized
Other:	for use in wetlands Source*:
Other:	
Total Property size:acres	Wetland acreage proposed to be impacted: acres
Total Property size:acres	wetiand acreage proposed to be impactedacres
Are you seeking an after-the-fact approval for	or any portion of the work (ATF)? Yes No
5. Proposed Use (check all that apply):	6. If the proposed work relates to Excavation/Dredging as indicated in Box 4
	above, provide the following information:
Single Family Commercial	
Multi-Family Industrial	Proposed acreage of excavation:acres
Private Utility	Proposed depth of excavation:feet below ground surface
Public Other	reposed depth of excavationreet below ground surface
Agricultural	Proposed acreage of backfill area:acres (if applicable)
. Total cost of construction work within t	the canal right-of-way, reservation, or easement:
R List all permits or certifications that have be	een applied for or obtained for the above referenced work:
Issuing Agency Type of Approval	Identification Number Application Date Approval Date
1334116 ABCITCY TYPE OF APPROVAL	achtheation rainber Application bate Approval bate

9. Professional Er	ngineer Information:				
Name:			P.E. Licens	e#:	
Company:	_		_Address:		
Zip Code:	Phone #:	Fax#:	E-mail:		
considered	complete. Your applicati	on WILL NOT BE	onsent of the property own PROCESSED unless the App tion to apprise the Departn	olicant and Owne	• •
following: I possess I am fam To the be I will procomply vand I am autirelating to the purpocondition I FAPPLICAL	s the authority to authorize niliar with the information, est of my knowledge and bovide any additional inform with the applicable State at thorizing the permit agent to this application and binds or provide access and allow cose of making the prelims. NT IS AN INDIVIDUAL	e the proposed act data and plans con elief, the informat ation, evidence or and County water disted in Section 2 d the applicant to a v entry to the proje minary analyses of	quality standards both during of this application to process tall requirements of this application to the site to inspectors and author the site and to monitor p	and delare true, complete assonable assurance construction and a che application, furrection, and orized representati	and accurate, and that the proposed project will after the project is completed, hish supplemental information ves of Miami-Dade County for and adherence to all permit
Signature of App	olicant	Р	rint Applicant's Name		Date
	NT IS OTHER THAN AN I Corporation, Partnershi				
Print Name of Ap	plicant (Enterthe complete na	ame as registered)	Type (Corp, LLC, LLP, etc.)	State of Re	egistration/Incorporation
and if so required the Department). or other applicable Signature of Aut	to authorize the issuance . ***Please Note: If addi le agreements or laws, yo thorized Representative	e of a bond on beh tional signatures a u must attach add Print Authoriz	ty to sign this application on lalf of the Applicant. (If asked are required, pursuant to you litional signature pages. *** ed Representative's Name t sign below (If more than the	, you must provide r governing docume Title	proof of such authority to ents, operating agreements, Date
Print Name of Ap	plicant (Enter the complete na	ame as registered)	Type (Corp, LLC, LLP, etc.)	State of Reg	gistration/Incorporation
Print Name of Ap	plicant (Enter the complete na	ame as registered)	Type (Corp, LLC, LLP, etc.)	State of Reg	gistration/Incorporation
and if so required the Department).	to authorize the issuance . ***Please Note: If addi	e of a bond on beh tional signatures	ty to sign this application on alf of the Applicant. (If asked are required, pursuant to you litional signature pages. ***	, you must provide	proof of such authority to
Signature of Aut	thorized Representative	Print Author	ized Representative's Name	Title	Date
Signature of Aut	thorized Representative	Print Author	ized Representative's Name	Title	 Date

11. WRITTEN CONSENT OF THE PROPERTY OWNER FOR THE PROPOSED WORK LOCATION						
I/We are the fee simple owner(s) of	I/We are the fee simple owner(s) of the real property located atMiami-Dade					
County, Florida, otherwise identified in	the public records of N	Miami-Dade County as Folio No)	, 1		
am aware and familiar with the contents of this application for a Miami-Dade County Class III/IV Permit to perform the work on the subject						
property, as described in Section 4 of t	his application. I hereby	consent to the work identifie	d in this Class IV Permit appli	cation.		
A. IF THE OWNER IS AN INDIVIDU	JAL					
Signature of Owner	Print Owner's Name		Date			
Signature of Owner	Print Ow	ner's Name	Date			
Print Name of Applicant (Enterthe compl	ete name as registered)	Type (Corp, LLC, LLP, etc.)	State of Registration/II	ncorporation		
Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Owner, to bind the Owner, and if so required to authorize the issuance of a bond on behalf of the 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 of Authorized Representative	Print Authorized Repre	sentative's Name Title		Date		
Signature of Authorized Representative	Print Authorized Repre	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 III/IV Permit Application Additional Signatures Page (Please attach to Class III/IV permit application)

Applicant Name:			
Owner Name:			
Project Location:			
Additional signatures for:	☐ Applicant ☐ Owner		
1. IF THE APPLICANT/OWNE	R IS AN INDIVIDUAL		
Signature of Applicant/Own	er	Print Name of Applicant/Owner	Date
Signature of Applicant/Own	er	Print Name of Applicant/Owner	Date
	er IS OTHER THAN AN IND Partnership, Trust, LLC, LLP	IVIDUAL OR NATURAL PERSON , etc.)	
Print Name of Applicant/Owner	(Enter the complete name as	registered) Type (Corp, LLC, LLP, etc.)	State of Registration/Incorporation
		ne collective authority to sign this application	
Applicant/Owner. (If asked, y	ou must provide proof of	so required to authorize the issuance of a bon such authority to the Department). ***Pleas	se Note: If additional signatures
are required, pursuant to you additional signature pages. **		perating agreements, or other applicable agre	eements or laws, you must attach
Signature	Print Name	Title	Date
			<u> </u>
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
-			
Signature	Print Name	Title	Date
Signatura	Print Name	Title	
Signature	riiit ivalile	nue	Date
Signature	Print Name		 Date
- 0			2410
Signature	Print Name		 Date
Signature	Print Name	Title	Date