

Class III/IV Permit Application For Work in Rockmining Zoning Overlay Area (ROZA)



FOR DEPARTMENTAL USE ONLY		Updated 11/22
Date Received: _____	Application Number: _____ Application Fee: _____	

Application must be filled out in its entirety. Please indicate N/A for non-applicable fields.

1. Applicant Information: Name: _____ Address: _____ _____ Zip Code: _____ Phone #: _____ Fax #: _____ Email: _____ <small>* This should be the applicant's information for contact purposes.</small>	2. Applicant's Authorized Permit Agent: <small>Agent is allowed to process the application, furnish supplemental information relating to the application and bind the applicant to all requirements of the application.</small> Name: _____ Address: _____ _____ Zip Code: _____ Phone #: _____ Fax #: _____ Email: _____
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3. Location where proposed activity exists or will occur (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 apply):	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Row Crops <input type="checkbox"/> Fruit Grove <input type="checkbox"/> Field Nursery - At Grade <input type="checkbox"/> Field Nursery - Row and Furrow <input type="checkbox"/> Container Nursery <input type="checkbox"/> Shade House Nursery <input type="checkbox"/> Drainage Features <input type="checkbox"/> Other: _____	<input type="checkbox"/> Excavation/Dredging (See Box 6) <input type="checkbox"/> Lake Excavation <input type="checkbox"/> Drainage Features <input type="checkbox"/> Rock Mining <small>*only clean fill as defined in Section 24-5 is authorized for use in wetlands</small>
<input type="checkbox"/> Filling <input type="checkbox"/> Limerock <input type="checkbox"/> Soil/Muck <input type="checkbox"/> Sand <input type="checkbox"/> Marl <input type="checkbox"/> Clay <input type="checkbox"/> Stone <input type="checkbox"/> Concrete Rubble Source*: _____	
<input type="checkbox"/> Other: _____	
Total Property size: _____ acres	Wetland acreage proposed to be impacted: _____ acres
Are you seeking an after-the-fact approval for any portion of the work (ATF)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Proposed Use (check all that apply): <input type="checkbox"/> Single Family <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Industrial <input type="checkbox"/> Private <input type="checkbox"/> Utility <input type="checkbox"/> Public <input type="checkbox"/> Other <input type="checkbox"/> Agricultural	6. If the proposed work relates to Excavation/Dredging as indicated in Box 4 above, provide the following information: Proposed acreage of excavation: _____ acres Proposed depth of excavation: _____ feet below ground surface Proposed acreage of backfill area: _____ acres (if applicable)
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7. Total cost of construction work within the canal right-of-way, reservation, or easement: _____

8. List all permits or certifications that have been applied for or obtained for the above referenced work:				
Issuing Agency	Type of Approval	Identification Number	Application Date	Approval Date

Name: _____ P.E. License #: _____

Company: _____ Address: _____

Zip Code: _____ Phone #: _____ Fax #: _____ E-mail: _____

- 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.

Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date
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I/We are the fee simple owner(s) of the real property located at _____ Miami-Dade County, Florida, otherwise identified in the public records of Miami-Dade County as Folio No. _____. I 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 this application. I hereby consent to the work identified in this Class IV Permit application.

Signature of Owner	Print Owner's Name	Date
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(Examples: Corporation, Partnership, Joint Venture, Trust, LLC, LLP, etc.)

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 Representative's Name	Title	Date
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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/OWNER IS AN INDIVIDUAL

_____ Signature of Applicant/Owner	_____ Print Name of Applicant/Owner	_____ Date
_____ Signature of Applicant/Owner	_____ Print Name of Applicant/Owner	_____ Date

2. IF THE APPLICANT/OWNER IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON

(Examples: Corporation, Partnership, Trust, LLC, LLP, etc.)

Print Name of Applicant/Owner (Enter the complete name as registered) Type (Corp, LLC, LLP, etc.) _____
State of 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). *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	_____ Print Name	_____ Title	_____ Date
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