Class IV Permit Application



FOR DEPARTMENTAL USE ONLY Updated 09/09				
Date Received:		Application Number:	·	
		Application Fee:		
Application must be filled out in its entiret	y. Please indicate N/A 1	or non-applicable fields.		
1. Applicant Information:		2. Applicant's Authorized Permit Agent:		
Name:		Agent is allowed to process the application, furnish supple application and bind the applicant to all requirements of t		
Address:		Name:	••	
Zip C		Address:		
Phone #: Fax#:		Zip Code:		
Email:		Phone #: Fax #:		
* This should be the applicant's information for contact purpos		Email:		
положения положе				
3. Location where proposed activity exists	or will occur (latitude an	l longitude are only necessary for properties withou	out address or folio #):	
Folio #(s):	L	atitude:Longitude:		
		ection: Township: R		
		ear City or Town:		
4. Describe the proposed activity (check al				
☐ Agriculture		on/Dredging (See Box 6)		
· • • • • • • • • • • • • • • • • • • •		xcavation		
☐ Fruit Grove ☐ Field Nursery - At Grade			ICK	
,	□ ROCK I	_		
☐ Field Nursery - Row and Furrow		□ Marl		
☐ Container Nursery ☐ Shade House Nursery		□ Clay		
☐ Drainage Features		☐ Stone	n. D. J. J. J.	
☐ Other:	_		te Kubble	
☐ Other:				
Total Property size:a	cres Wetl	and acreage proposed to be impacted:	acres	
Are you seeking an after-the-fact approv	al for 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				
The second of th		the following information:	iuicateu III DUX 4	
☐ Single Family ☐ Commercial				
☐ Multi-Family ☐ Industrial	Proposed acrea	ge of excavation: acres		
☐ Private ☐ Utility	Dronocod don't	n of excavation: feet below groun	d surface	
☐ Public ☐ Other	Proposed depti	i or excavation reet below groun	u sullace	
☐ Agricultural	Proposed acrea	ge of backfill area: acres (if applie	cable)	
7. List all permits or certifications that ha			Approval Date	

8. Contractor Informa	ation (If known):				
Name:	License # (County/State):				
Address:					Zip Code:
Phone #:	Fax #:		E-mail:		
considered comple	ete. Your application	WILL NOT BE	PROCESSED unless the A	pplicant	is required for all applications to be and Owner Consent portion of the sy changes to information provided in
following: I possess the I am familiar To the best of I will provide comply with and I am authorize relating to the lagree to prothe purpose conditions. I FAPPLICANT I	e authority to authorize to with the information, do find the information, do find the applicable State and the applicable State and zing the permit agent list is application and bind to ovide access and allow each of making the prelimitation.	the proposed activate and plans corlines, the information, evidence or d County water of the applicant to a entry to the projection analyses of the applicant to a entry to the projection and analyses of the applicant to a entry to the projection and the projec	ivities at the subject property ntained in this application, artion, data and plans submitted data necessary to provide requality standards both during of this application to process all requirements of this application to this application to this application to the site and to monitor process and the site and to monitor process.	y, and nd d are true easonable g constru the appli cation, an	epresentatives of Miami-Dade County for diactivities and adherence to all permit
Signature of Applica	nt	Pi	rint Applicant's Name		Date
Print Name of Applicar Under the penalty of and if so required to the Department). **	authorize the issuance of *Please Note: If addit	, Trust, LLC, LLP ne as registered) have the authori of a bond on beh ional signatures	Type (Corp, LLC, LLP, etc.) ty to sign this application on alf of the Applicant. (If aske	d, you m	State of Registration/Incorporation If the Applicant, to bind the Applicant, ust provide proof of such authority to ning documents, operating agreements,
Signature of Authori C. IF APPLICANT I	·		ed Representative's Name at sign below (If more than	Title I two me	Date embers, list on attached page)
Print Name of Applicar	nt (Enter the complete nam	e as registered)	Type (Corp, LLC, LLP, etc.)		State of Registration/Incorporation
Print Name of Applicar	nt (Enter the complete nam	ie as registered)	Type (Corp, LLC, LLP, etc.)		State of Registration/Incorporation
and if so required to the Department). **	authorize the issuance of *Please Note: If addit	of a bond on beh ional signatures	nalf of the Applicant. (If aske	d, you m	f the Applicant, to bind the Applicant, ust provide proof of such authority to ning documents, operating agreements,
Signature of Authori	ized Representative	Print Author	ized Representative's Name	Title	Date
Signature of Authori	ized Renresentative	Print Author	ized Renresentative's Name	Title	 Date

10. WRITTEN CONSENT OF THE PROPERTY OWNER FOR THE PROPOSED WORK LOCATION					
I/We are the fee simple owner(s) of the real property located at Miami-Dad					
County, Florida, otherwise identified in	County, Florida, otherwise identified in the public records of Miami-Dade County as Folio No I				
am aware and familiar with the conten	nts of this application for a I	Miami-Dade County Cla	ss IV Permit to perform the work or	the subject	
property, as described in Section 4 of the	nis application. I hereby cor	sent to the work identi	fied in this Class IV Permit application	٦.	
A. IF THE OWNER IS AN INDIVIDU	JAL				
Signature of Owner	Print Owner's Name		Date		
Signature of Owner	Print Owner's N	lame	Date	 Date	
Print Name of Owner (Enter the complete Address of Owner	name as registered) Type (Corp, LLC, LLP, etc.)	State of Registration/Incorporati	on	
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 Representation	ve's Name Title	Date		
Signature of Authorized Representative	Print Authorized Representation	ve'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 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 (Examples: Corporation, Partner)			
Print Name of Applicant/Owner (Enter	the complete name as re	gistered) Type (Corp, LLC, LLP, etc.)	State of Registration/Incorporation
		e collective authority to sign this applica	
Applicant/Owner. (If asked, you m	ust provide proof of su	required to authorize the issuance of a scheme is authority to the Department). ***P	lease Note: If additional signatures
are required, pursuant to your gov additional signature pages. ***	erning documents, ope	erating agreements, or other applicable	agreements or laws, you must attach
Cignotius	Drint Nama		
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	
o.g.neture	· · · · · · · · · · · · · · · · · · ·		July
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Circohom	Delich Mr		
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date