



Department of Regulatory and Economic Resources

Environmental Resources Management

701 NW 1st Court, 6th Floor

Miami, Florida 33136-3912

T 305-372-6567 F 305-372-6407

miamidade.gov

Class V Dewatering Application Form

(For operations associated with cleaning and maintenance of stormwater infrastructure and flood protection)

For Departmental Use Only

Date Received: _____

Application #: _____

Fee Received: \$ _____

Tracking #: _____

1. Checklist:

☐ Application Fee: Dependent upon duration of dewatering permit (all fees include a 7.5% RER surcharge):

☐ 6 days or less **\$520.00+\$39.00 = \$559.00***

☐ 7-30 days **\$635.00+\$47.63 = \$682.63****

☐ 31-90 days **\$980.00+\$73.50 = \$1053.50****

☐ 365 days **\$2,000.00+\$150 = \$2,150****

Note: After-the-Fact Permit applications will be charged a penalty fee amounting to 100% of the original fee, plus departmental administrative enforcement costs.

☐ Attachment A & B (if applicable).

*** Permit issued for less than 30 days, CANNOT BE EXTENDED, a new permit application will be required.**

**** Time extension requests have to file at least seven (7) calendar days prior to the time of permit expiration.**

2. Project Information:

Project Name: _____

This application is for a(n): ☐ New Permit ☐ After-the-Fact Permit

Location: _____

Municipality: _____

Proposed starting date: _____ Estimated completion date: _____

3. Applicant Information:

This should be the applicant's information for contact purposes.

Name: _____

Company: _____

Address: _____

Zip Code: _____

Phone #: _____ Fax: _____

Email: _____

4. Applicant's Authorized Permit Agent:

Agent is authorized to process the application, furnish supplemental information relating to the application and bind the applicant to all requirements of the application.

Name: _____

Company: _____

Address: _____

Zip Code: _____

Phone #: _____ Fax #: _____

Email: _____

5. Contractor Information:

Name: _____ License # (County/State): _____

Company: _____

Address: _____ Zip Code: _____

Phone #: _____ Fax#: _____ Email: _____

7. APPLICANT AFFIRMATION:

Application is hereby made for a Miami-Dade County Class V 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 apprise the Department of any changes to information provided in this application, 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 4 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 entry to the project site to inspectors and authorized representatives of Miami-Dade County, with proper identification or documents as required by law, for the purpose of preliminary analysis, verification, sampling, monitoring, and observation of permitted activities.

A. IF APPLICANT IS AN INDIVIDUAL

Signature of Applicant	Print Applicant's Name	Date

B. IF APPLICANT IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON

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

Print Name of Applicant (Enter the complete name as registered)	Type (Corp, LLC LLP, etc.)	State of Registration/Incorporation

Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Applicant, to bind the Applicant, and if so required, to authorize the issuance of a bond on behalf of the Applicant. (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 (ATTACHMENT "A").

Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date

C. IF APPLICANT IS A JOINT VENTURE

 Each party must sign below (If more than two members, list on attached page)

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 as registered)	Type (Corp, LLC LLP, etc.)	State of Registration/Incorporation

Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Applicant, to bind the Applicant, and if so required to authorize the issuance of a bond on behalf of the Applicant. (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 (ATTACHMENT "A").

Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date

Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date

8. 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-Dade County, Florida, otherwise identified in the public records of Miami-Dade County as Folio # _____. I am aware and familiar with the contents of this application for a Miami-Dade County Class V Permit to perform the work on the subject property, as described in the 2 of this application. I hereby consent to the work identified in this Class V Permit application.

A. IF THE OWNER IS AN INDIVIDUAL

Signature of Owner	Print Owner's Name	Date
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Signature of Owner	Print Owner's Name	Date
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B. IF THE OWNER IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON

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

Print Name of Applicant (Enter the complete name as registered)	Type (Corp, LLC LLP, etc.)	State of Registration/Incorporation
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Address of Owner _____

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 (ATTACHMENT "A").

Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date
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Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date
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Please Review Above

Appropriate signature(s) must be included in:

Box 7: either A, B or C

AND

Box 8: either A or B

The written consent of the property owner is required for all applications to be considered complete. Your application WILL NOT BE PROCESSED unless the Applicant **and** Owner Consent (sections 7 and 8) portions of the application are completed.

NOTE: THIS APPLICATION SHALL NOT, AT ANY TIME, BE CONSTRUED AS A PERMIT TO PERFORM A DEWATERING ACTIVITY. WHEN PLANS ARE APPROVED, A PERMIT WILL BE ISSUED BY THE WATER CONTROL SECTION.

Class V Permit Application Additional Signatures Page

Project Name: _____

Additional Signatures for: ☐ Applicant ☐ Owner

A. IF THE APPLICANT/OWNER IS AN INDIVIDUAL

Signature of Applicant/Owner	Print Name of Applicant/Owner	Date
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Signature of Applicant/Owner	Print Name of Applicant/Owner	Date
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B. and C. IF THE APPLICANT/OWNER IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON
(Examples: Corporation, Partnership, Trust, LLC, LLP, etc.)

Under the penalty of perjury, I certify that I have the 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 document, operating agreements, or other applicable agreements or laws, you must attach additional copies of this page.

Signature	Print Name	Title	Date
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Signature	Print Name	Title	Date
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Signature	Print Name	Title	Date
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Signature	Print Name	Title	Date
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ATTACHMENT (B)

CHECKLIST

Class V permit applicability to dewatering operations associated with cleaning and maintenance of stormwater infrastructure and flood protection ONLY.

- Stormwater infrastructure owners (municipalities, CDDs, and HOAs), and other government agencies as applicable.
- Utility owners (such as FPL, Florida Gas Company, etc.)
- Companies and individual operators offering cleaning and maintenance of stormwater and utility infrastructure services.

1B. Dewatering operations associated with cleaning and maintenance of stormwater or utility Infrastructure:

- The information on stormwater or utility infrastructure requiring dewatering activities associated with cleaning and maintenance operations, including but not limited to the description of which portion of the infrastructure is proposed to be maintained.
- Description of the equipment proposed to be used for dewatering operation associated with cleaning and maintenance activities.
- Standard Operating Procedure (SOP) describing dewatering operations for regular maintenance and cleaning activities. SOP must comply with the RER policy entitled "Class V permit issuance (Best Management Practices) for dewatering operations associated with regular cleaning and maintenance of stormwater and utility infrastructure and emergency pumping associated with flood protection" and the Miami-Dade County Code. See the checklist below to confirm compliance with the policy and the Code
- Details and specifications on the required pre-treatment system (devices) if the dewatering effluent will be discharged back into the same stormwater infrastructure (decanting). If a filter is proposed as a part of the treatment system, provide information on how the filtrate will be collected, transported, and disposed of.
- Details for the authorized facility where the solid content of vector truck (or equivalent) will be transported.

2B. Dewatering operations associated with Flooding Protection During and after rainfall events

- The information on the proposed dewatering operation, including the site plan depicting the area requiring dewatering activities during rainfall or king tide events, the proposed placement of the equipment necessary for the dewatering operation, point of discharge, etc.
- Description of the equipment proposed to be used for dewatering operation.
- The information on the treatment of the dewatering effluent if a discharge is proposed into surface water or a drainage system with an outfall.
- The information on the proposed discharge point(s).
- The information on the method that will be used to clean drainage structures before and after the deployment of the pump or other equipment.
- The contact information of the personnel responsible for monitoring of dewatering operation and the discharge point.



Permit applications should be uploaded through the Online Portal as follows:

1. Click on the link:
<https://www.miamidade.gov/Apps/RER/EPSPortal/PlanReview/DermUpload/Landing>
2. On the first page, click on the link “Submit for Review”

Programs	Submittal Type	Instruction and Guidelines
Coastal	Class I Permit Expedited Administrative Authorization Biological Assessment Wetlands Jurisdictional Determination Binding Letters	Forms and instruction package available online. dermcrr@miamidade.gov
Water Control	Class II, III, V, VI Permits Cut and Fill Drainage Wells Surface Water Management General Permit (ERP)	Forms and instruction packages available online as follows: Class II, Class III, Class V, Class VI, , dermwatercontrol@miamidade.gov
Wetlands	Class IV Permit Expedited Administrative Authorization Biological Assessment Wetlands Jurisdictional Determination Binding Letters	Forms and instruction package available online. dermwetlands@miamidade.gov
Code Coordination and Public Hearings	Municipal Zoning & Site Plan Reviews Letter of Interpretation Environmental Quality Control Board (EQCB)	Christine.Velazquez@miamidade.gov dermioi@miamidade.gov eqcb@miamidade.gov

Getting ready to submit:

- Review the instructions and guidelines before completing the DERM Review Submission form. **Ensure that you are using Google Chrome as your web browser.** If you have questions or encounter problems using this new feature, send an email to (RER) DERM Review Submission (RER-DRS@miamidade.gov). For building-permit related plan reviews that required DERM approvals, please use the Building Submittal Portal

[Submit for Review](#)

3. Enter your name, address, phone, and the project address. In the drop-down menu “Program” select “Water Control”. In the drop-down menu “Submittal Type” select applicable review/permit. Attach your files and click “Submit Application”.

DERM Program & Permit Review Submission

Please complete the fields below and select the appropriate program and submittal type.

First Name *

Last Name *

Email *

Phone *

Project Address (full address, intersection, or folio)

Is this project for Affordable Housing? *

No

Is this project for Workforce Housing? *

No

Program

Water Control

Submittal Type

Class II, III, V, VI Permits

+ Add files... No files selected

Clear

Document	Size	Type	Status
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[Submit Application](#)

[Start Over](#)



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**Instruction to pay online any application or permit fee associated with
Class II, III, V, VI, SWMGP, DW and CF**

1. Complete the below form and submit it to the Water Control Section via email at DERMwatercontrol@miamidade.gov
2. The Water Control Section staff will request the RER DERM Cashier Section to create the link for payment.
3. The Cashier Section will send the link to the email in the form below.
4. The customer must click on the link provided by the Cashier Section and complete the payment online.
5. Within 24 hours after completing the online payment, the Cashier Section will send a payment receipt.

Invoice for: _____

Customer Name: _____

(name as it appears on credit card/check)

Company Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Contact #: _____

E-mail Address: _____

Permit #/ Application #/ Reference #: _____

(to be provided by County staff)

DERM Reviewer Engineer E-mail: _____

Amount of Fee: _____

Amount of Surcharge: _____

Total Amount to be Paid: _____