



Instructions for applying for a time extension of Class II, III, V and VI permits

1. Submit the attached completed application form via the online portal (see attached instructions) or via mail to:

Miami-Dade County RER/DERM
Water Control Section
701 N.W. 1st Court
6th Floor
Miami, Florida 33136

2. Submit a check made payable to Miami-Dade County for the following amount or see attached instructions for online payment:

- **Class II, III, and VI**

Permit extension review 25% of permit fee or \$1,000 + \$75 = \$1,075*
whichever is less

The application must be submitted at least thirty (30) calendar days prior to the expiration date of the permit.

- **Class V Dewatering permit:**

7 to 30 days	$\$635.00 + \$47.63 = \$682.63^*$
31 to 90 days	$\$980.00 + \$73.50 = \$1053.50^*$
365 days	$\$2,000.00 + \$150.00 = \$2,150.00^*$

The application must be submitted at least seven (7) calendar days prior to the expiration date of the permit.

*All permit fees include a 7.5% RER Surcharge

If you have any questions regarding the above fees, please contact the Water Control Section at dermwatercontrol@miamidade.gov or at 305.372.6681.



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

**APPLICATION FOR TIME EXTENSION OF
CLASS II, CLASS III, CLASS V and CLASS VI PERMIT**

PROJECT NAME: _____ **PERMIT NUMBER:** _____

PERMITEE: _____ **PHONE NUMBER:** _____

PERMIT ISSUANCE DATE: _____ **PERMIT EXPIRATION DATE:** _____

- 1) Has the above-referenced permit previously extended? If so, list the permit extension date(s).

- 2) Describe the work, as authorized by the above-referenced permit that has not been completed to date.

- 3) Has the work performed to date as authorized by the above-referenced permit, been conducted in accordance with the permit description, approved plans and restrictions, limitations or conditions of the permit? If not, describe in detail work that has been conducted that is not in accordance with the permit.

- 4) Describe any substantial changes in the environment that have occurred at or adjacent to the subject location since the date of issuance of the above-referenced permit or prior extension time.



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- 5) Describe any adverse environmental impact(s) or cumulative environmental impact(s) that may occur if a permit extension is granted.

I hereby certify that the information contained in this application for a permit extension, to the best of my knowledge and belief, is true, complete and accurate. I understand that the Department may include additional conditions, limitations or restrictions to the permit extension approval which are consistent with either the approval of the Board of County Commissioners, or in the case of short form permits, consistent with the original Department approval of the issued short form permit pursuant to Section 24-48.9(2)(c) of the Code of Miami-Dade County.

Signature of Permittee

Date

State of Florida

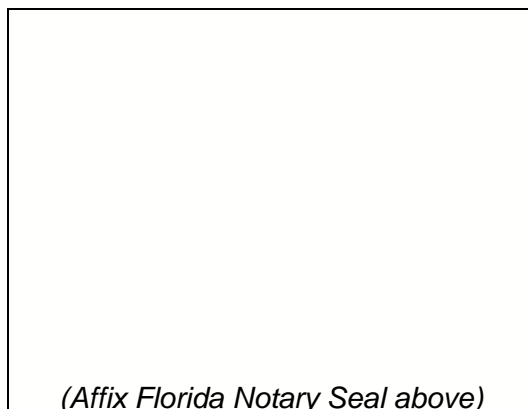
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of (how the individual appeared check one):

☐ physical presence ☐ online notarization this _____ day of _____, 20_____.
(date) (month) (year)

by _____
(name of individual swearing or affirming)

Individual identified by: ☐ personal knowledge ☐ satisfactory evidence _____.
(type)



(Signature of Notary Public)

(typed, printed, or stamped name of Notary Public)



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. dermcrc@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: _____