



APPLICATION FOR CONSERVATION AREA AUTHORIZATION

(In accordance with Orange County Code Chapter 15 Article X, Wetland Conservation Areas)

Mail or Orange County Environmental Protection Division
Deliver To: 3165 McCrory Place, Suite 200
Orlando, Florida 32803
(407) 836-1400, Fax (407) 836-1499

SECTION 1

OWNER(S) OF THE LAND

Name: _____

Address: _____
City: _____ State: _____ Zip: _____
Telephone and Fax: _____ Email: _____

ENTITY TO RECEIVE PERMIT (IF OTHER THAN OWNER)

Name: _____
Title and Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone and Fax: _____ Email: _____

AGENT/CONSULTANT AUTHORIZED TO SECURE PERMIT

Name: _____
Title and Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone and Fax: _____ Email: _____

CONTRACTOR (IF DIFFERENT FROM AGENT)

Name: _____
Title and Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone and Fax: _____ Email: _____

SECTION 2

LOCATION OF PROPERTY

Section(s) _____ Township _____ Range _____

Street Address: _____

Tax Parcel ID (s) _____

LEGAL DESCRIPTION

SECTION 3

1. Description of Work (This should include mitigation, if required). Name specific plants to be removed and/or planted:

2. The percentage of vegetation proposed to be removed: _____%.

3. Justification for the removal and/or replacement of vegetation: _____

4. Describe means of minimizing and controlling erosion and filtering sediment:

SUBMITTAL REQUIREMENTS: (Note: All submittals shall have the property/project boundaries delineated.)

- A list of all plants and animals which are listed as endangered, threatened or species of concern (pursuant to Section 581.185, F.S., and Rules 39-27.003 and 39.27.004, FAC)
- A Site Plan outlining the existing vegetation areas and the proposed removal areas with dimensions in feet or square feet which shall include its acreage, species to be planted, plant density, source of plants and soils, and hydrologic regime
- A detailed description of the monitoring and maintenance program
- An itemized cost estimate for implementing the mitigation activity and monitoring program and/or the itemized cost for implementing the plan
- A property survey
- Parcel identification data for all parcels in project (This may be obtained by visiting www.ocpaf1.org)
- Agent Authorization Form

SECTION 4

PERSON AUTHORIZING ACCESS TO THE PROPERTY MUST COMPLETE THE FOLLOWING:

I either own the property described in this application or I have legal authority to allow access to the property and I consent to any site visit on the property by agents or personnel from Orange County, Florida necessary for the review and inspection of the proposed project specified in this application. I authorize these agents or personnel to enter the property as many times as may be necessary to make such review and inspection. Further, I agree to provide entry to the project site for such agents or personnel to monitor permitted work if a permit is granted.

Typed/Printed Name

Signature

Date

Corporate Title (if applicable)

By signing and submitting this application form, I am applying for the permit identified above, according to the supporting data and other incidental information filed with this application. I am familiar with the information contained in this application, and represent that such information is true, complete, and accurate. I understand this is an application and not a permit, and that work conducted prior to approval is a violation. I understand that this application and any permit issued pursuant thereto, does not relieve me of any obligation for obtaining any other required federal, state, water management district or local permit prior to commencement of construction. I agree, or I agree on behalf of my corporation, to operate and maintain the permitted system unless the permitting agency authorizes transfer of the permit to a responsible operation entity; I understand that knowingly making any false statements or representation in this application is a violation of Sections 15-368, Orange County Code.

Typed/Printed Name of Applicant

Signature of Applicant/Agent

Date

Corporate Title (if applicable)

AGENT AUTHORIZATION FORM

FOR PROJECTS LOCATED IN ORANGE COUNTY, FLORIDA



I/WE, _____ (PRINT PROPERTY OWNER NAME), AS THE OWNER(S) OF THE REAL PROPERTY DESCRIBED _____ AS FOLLOWS, DO HEREBY AUTHORIZE TO ACT AS MY/OUR AGENT (PRINT AGENT'S NAME), _____, TO EXECUTE ANY PETITIONS OR OTHER DOCUMENTS NECESSARY TO AFFECT THE APPLICATION APPROVAL REQUESTED AND MORE SPECIFICALLY DESCRIBED AS FOLLOWS, _____, AND TO APPEAR ON MY/OUR BEHALF BEFORE ANY ADMINISTRATIVE OR LEGISLATIVE BODY IN THE COUNTY CONSIDERING THIS APPLICATION AND TO ACT IN ALL RESPECTS AS OUR AGENT IN MATTERS PERTAINING TO THE APPLICATION.

Date: _____ Signature of Property Owner _____ Print Name Property Owner _____

Date: _____ Signature of Property Owner _____ Print Name Property Owner _____

Date: _____ Signature of Property Owner _____ Print Name Property Owner _____

Date: _____ Signature of Property Owner _____ Print Name Property Owner _____

STATE OF FLORIDA
COUNTY OF _____

I certify that on _____, before me, _____, an officer duly authorized by the State of Florida and in the county mentioned above, to take acknowledgements, personally appeared _____, to me known to be the person described in this instrument or to have produced _____, as evidence, and who has acknowledged before me that he or she executed the instrument and did / did not take an oath.

Witness my hand and official seal in the county and state stated above on the _____ day of _____, in the year _____.

(Notary Seal) _____
Signature of Notary Public
Notary Public for the State of Florida
My Commission Expires: _____

Legal Description(s) or Parcel Identification Number(s) are required:
PARCEL ID #:
LEGAL DESCRIPTION: