



APPLICATION FOR LAKESHORE PROTECTION PERMIT

(In Accordance with Chapter 15, Article VII, Chapter 33, Articles II and IV, Orange County Code)

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

****Enclose a check for the filing and advertising fee of \$126.00 payable to The Board of County Commissioners****

****Process Fee for Appeals and Variances - \$409.00****

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 - GENERAL INFORMATION:

Street address: _____

Parcel/Tax ID Number(s): _____

Legal description of property: _____

Description of work (name specific plants to be removed and/or planted): _____

The percentage of shoreline vegetation proposed to be removed: _____ %; Total shoreline _____ feet.

Justification for the removal and/or replacement of lakeshore vegetation outside of the allowed access corridor: _____

Describe means of minimizing and controlling erosion and filtering runoff (i.e silt fence/turbidity curtain): _____

REQUIRED ATTACHMENTS:

- A diagram showing the location of the *vegetated removal area* and *replanting area* with respect to the upland owner’s property and adjacent properties (including the location of any conservation easements, tracts or conservation areas).

NOTE: As stated in Section 15-254 of the County Code, the diagrams **must** also show the following:

- The current and Normal High Water Elevations (NHWE).
- Lake Name
- A north arrow
- Bottom elevations or water depths.
- The dimensions of the property (including total linear feet of shoreline at the NHWE).
- An outline of the existing vegetation areas and the proposed removal areas with dimensions in feet or square feet.
- The owner’s name and site address.

- Agent Authorization Form

- A certified property survey

- A copy of the notarized “**Notification to the Adjacent Property Owners**” form* **OR** complete the following:

Name and address of adjacent property owners

Name: _____

Address: _____

City: _____ State _____ Zip _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

*** Please note: If not supplied by the applicant, EPD is required to complete the notification process, which may take up to 45 days to may delay the issuance of your permit.**

- Chapter 2019-165, Florida Statutes (House Bill 7103), establishes timeframes for applicant and agency responses. By checking this box, you are providing written authorization for EPD to waive the mandatory timeframes established by law.

SECTION 3

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 Section 15-256, Orange County Code.

Typed/Printed Name of Applicant

Signature

Date

Corporate Title (if applicable)

Sec. 15-254. Policy, purpose, intent and scope. “All those persons desiring to perform or cause to be performed any clearance of shoreline vegetation shall be required to obtain a permit in conformance with the procedures and standards set forth in this article, unless exempted by these regulations. The board of county commissioners hereby delegates authority to the county environmental protection department to grant a permit in accordance with the provisions of this article provided the applicant demonstrates that the clearance of shoreline vegetation will not materially affect any of the rights and interests of the public set forth in this article. This article shall be administered by the environmental protection officer or his designee and references to environmental protection officer in this article shall include reference to his designee.”

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 _____, 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 _____, 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: