

Class I Permit Application

FOR DEPARTMENTAL USE ONLY

| Data | Dessinal |
|------|------------------|
| Date | Received: |

Application Fee:

Application Number:

Application must be filled out in its entirety. Please indicate N/A for non-applicable fields.

| 1. Applicant Information: Name: | Code: | Agent is allow the application Name: Address: Phone #: | n and bind the applicant to all requ | ish supplemental information relating to irements of the application. |
|--|---|---|---|--|
| | | | | |
| 3. Location where proposed activity exists Folio #: Street Address: In City or Town: Name of waterway at location of the activity | | Section:Near City c | Latitude: Township | Longitude: : Range: |
| 4. Describe the proposed activity (check al Seawall Doa New/Replacement Seawall Pie Seawall Cap Vie Batter Piles Vie King Piles Footer/Toe Wall Riprap Other: Estimated project cost = | k(s) (s) wing Platform | Boatlift Mooring Piles Fender Piles Davits No If "Yes", descr | □ Dredging □ Maintenance □ New □ Filling | ☐ Mangrove Trimming ☐ Mangrove Removal |
| Single Family Multi-Family Private Public Commercial Industrial | please also indicate Proposed Vessel Typ /essel Make/Model (Draft (s)(range in inc Total Number of Slip ve been applied for | if the applicant doe e (s): | es not have a vessel): | feet.): |

| 8. Contractor Information (If known): | | | | |
|---------------------------------------|--------|---------------------------|--|--|
| Name: | | License # (County/State): | | |
| Address: | | Zip code: | | |
| Phone #: | Fax #: | E-mail: | | |

9. <u>**IMPORTANT NOTICE TO APPLICANTS</u>**: 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 portion of the application is completed below. You have the obligation to apprise the Department of any changes to information provided in this application.</u>

Application is hereby made for a Miami-Dade County Class I 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 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 2 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 access and allow entry to the project site to inspectors and authorized representatives of Miami-Dade County for the purpose of making the preliminary analyses of the site and to monitor permitted activities and adherence to all permit conditions.

A. IF APPLICANT IS AN INDIVIDUAL

| | Print Applicant's Name | | | Date | |
|---|---|---|--|--|-------------------|
| B. IF APPLICANT IS OTHER THAN | N AN INDIVIDUAL OR NA | ATURAL PERS | ON | | |
| (Examples: Corporation, Partnership | , Trust, LLC, LLP, etc.) | | | | |
| Print Name of Applicant (Enter the complete name | e as registered) Type (| Corp, LLC, LLP, etc | .) State of | of Registration/Incorpora | tion |
| Under the penalty of perjury, I certify that | | | | | |
| Applicant, and if so required to authorize the authority to the Department). ***Please N | | | | | |
| operating agreements, or other applicable a | | | | | 2 |
| | | | | | |
| Signature of Authorized Representative Print . | Authorized Representative's Name | Title | | Dat | ; |
| | | helow(If more t | than two mem | bers, list on attache | |
| C. <u>IF APPLICANT IS A JOINT VEN</u> | TURE Each party must sign | | | | d page) |
| C. IF APPLICANT IS A JOINT VEN Print Name of Applicant (Enter the complete name Registration/Incorporation | | Type (Corp, LLC | | State of | d page) - |
| Print Name of Applicant (Enter the complete name | e as registered) | ` | , LLP, etc.) | | d page) - - |
| Print Name of Applicant (Enter the complete name Registration/Incorporation Print Name of Applicant (Enter the complete name | e as registered) e as registered) I have the authority to sign thi | Type (Corp, LLC Type (Corp, LLC s application on b | , LLP, etc.) , LLP, etc.) pehalf of the A | State of State of pplicant, to bind the | - |
| Print Name of Applicant (Enter the complete name Registration/Incorporation Print Name of Applicant (Enter the complete name Registration/Incorporation Under the penalty of perjury, I certify that Applicant, and if so required to authorize the authority to the Department). <u>***Please Name</u> | e as registered) e as registered) I have the authority to sign thi he issuance of a bond on behali lote: If additional signatures a | Type (Corp, LLC Type (Corp, LLC s application on h f of the Applicant are required, pure | , LLP, etc.) , LLP, etc.) oehalf of the A . (If asked, you suant to your s | State of State of pplicant, to bind the u must provide proof governing documents | of such |
| Print Name of Applicant (Enter the complete name Registration/Incorporation Print Name of Applicant (Enter the complete name Registration/Incorporation Under the penalty of perjury, I certify that Applicant, and if so required to authorize the | e as registered) e as registered) I have the authority to sign thi he issuance of a bond on behali lote: If additional signatures a | Type (Corp, LLC Type (Corp, LLC s application on h f of the Applicant are required, pure | , LLP, etc.) , LLP, etc.) oehalf of the A . (If asked, you suant to your s | State of State of pplicant, to bind the u must provide proof governing documents | of such |
| Print Name of Applicant (Enter the complete name Registration/Incorporation Print Name of Applicant (Enter the complete name Registration/Incorporation Under the penalty of perjury, I certify that Applicant, and if so required to authorize the authority to the Department). <u>***Please Name</u> | e as registered) e as registered) I have the authority to sign thi he issuance of a bond on behali lote: If additional signatures a | Type (Corp, LLC Type (Corp, LLC s application on b f of the Applicant are required, purs ittach additional s | , LLP, etc.) , LLP, etc.) oehalf of the A . (If asked, you suant to your s | State of State of pplicant, to bind the u must provide proof governing documents | of such |

10. WRITTEN CONSENT OF THE PROPERTY OWNER OF THE AREA OF THE PROPOSED WORK

| I/We are the fee simple owner(s) of the real property located at | | | Miami-Dade County, | |
|---|--|--|---|--|
| Florida, otherwise identified in the pu | . I am aware | | | |
| and familiar with the contents of this | application for a Miami-Dade County | Class I Permit to perform the | work on or adjacent to the subject | |
| property, as described in Section 4 of | f this application. I possess the ripari | an rights to the area of the p | proposed work (if applicable) and | |
| hereby consent to the work identified | in this Class I Permit application. | | | |
| A. IF THE OWNER(S) IS AN | INDIVIDUAL | | | |
| Signature of Owner | Print Owner's Name | Print Owner's Name | | |
| Signature of Owner | Print Owner's Name | | Date | |
| | CR THAN AN INDIVIDUAL OR Joint Venture, Trust, LLC, LLP, etc.) | NATURAL PERSON | | |
| Print Name of Owner (Enter the complete | name as registered) | Type (Corp, LLC, LLP, etc.) | State of Registration/Incorporation | |
| Address of Owner | | | | |
| Owner, and if so required to author authority to the Department). ***I | tify that I have the authority to sign rize the issuance of a bond on behalf Please Note: If additional signature licable agreements or laws, you mus | of the Owner. (If asked, yo are required, pursuant to | u must provide proof of such your governing documents, | |
| Signature of Authorized Representative | Print Authorized Representative's Name | Title | Date | |
| Signature of Authorized Representative | Print Authorized Representative's Name | Title | Date | |
| 11. Professional Engineer Informat | ion (required field): | | | |
| Name: | | License # (County/State): _ | | |
| Company | | | | |
| Address: | | Zip code: | | |
| Phone #: | E-mail: | | | |

ENGINEER LETTER OF CERTIFICATION

Note: Please insert applicable information

[LETTERHEAD FOR ENGINEERING FIRM]

[Date]

Miami-Dade County Department of Regulatory and Economic Resources Coastal Resources Section 701 NW 1st Court, Suite 600 Miami, Florida 33136

RE: Class I Short/Standard Form Permit Application Number ______,

description of proposed work)

Ladies and Gentlemen:

This letter will certify that I am an engineer licensed in the State of Florida, qualified by education and experience in the area of engineering design and inspection, and that to the best of my knowledge and belief, the proposed work does not violate any laws, rules or regulations of the State of Florida or any provision of the Code of Miami Dade County which may be applicable, that diligence and recognized standard practices of the engineering profession have been exercised in the engineer's design of the proposed work, and in my opinion based upon my knowledge and belief, the following will not occur:

a. Harmful obstruction or undesirable alteration of the natural flow of the water within the area of the proposed work.

b. Harmful or increased erosion, shoaling of channels or stagnant areas of water. (Not applicable to class IV permits)

c. Material injury to adjacent property.

d. Adverse environmental impacts from changes in water quality or quantity. (Applicable to class IV permits only)

Further, I have been retained by the applicant to provide inspections throughout the construction period and to prepare a set of reproducible record prints of drawings showing changes made during the construction process based upon the marked-up prints, certified surveys, drawings, and other data furnished by the contractor to me.

Sincerely,

[SIGNATURE]

[Print Name, P.E.]

[P.E. #]

(insert