



DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES
DIVISION OF ENVIRONMENTAL RESOURCES MANAGEMENT
COASTAL RESOURCES SECTION
MARINE FACILITIES OPERATING PERMIT PROGRAM
701 NW 1st Court, Suite 600 MIAMI, FLORIDA 33136-3912
Phone (305) 372-6575 Fax: (305) 372-6479 E-mail: dermcr@miamidade.gov

APPLICATION FOR MARINE FACILITIES ANNUAL OPERATING PERMIT

Date: _____

1. GENERAL INFORMATION

Name of Facility: _____

Facility Owner: _____

Onsite Contact: _____ Telephone Number: _____

Cell Phone Number: _____ e-mail: _____

Facility Address: _____

Folio No(s): _____

Type of Marine Facility: _____

Number of Wet Slips: _____ Number of Dry Slips: _____ Dry Storage Spaces: _____
(Upland storage - no boat launching)

Number of Recreational Vessels: _____

(Recreational vessel shall mean any vessel used by its owner or operator for noncommercial purposes)

Number of Commercial Vessels: _____

(Commercial vessel shall mean any vessel engaged in any activity wherein a consideration is paid by the user either directly or indirectly to the owner, operator or custodian of the vessel; or any vessel engaged in the taking of saltwater fish or saltwater products for sale either to the consumer, retail dealer or wholesale dealer)

Number of Power Vessels (includes PWC): _____ Number of Sailing Vessels: _____

Days per Year in Operation: _____ Days per Week in Operation: _____

Hours per Day in Operation: _____

Number of Employees: _____ Seasonal Operation: From _____ To _____

Mailing Address: _____

Telephone: _____ Fax: _____ e-mail: _____

Other Dade County Permit No(s): _____

Emergency Contact Person: _____ Cell phone: _____

2. Type of Waste Generated

(Check all that apply)

- _____ Acids
- _____ Waste Oil
- _____ Waste Diesel
- _____ Waste Gasoline
- _____ Solvents
- _____ Transmission Fluid
- _____ Oily Bilge Water
- _____ Chemicals
- _____ Wastewater from Steam
- _____ Cleaning Operations
- _____ Lead Acid Batteries
- _____ Pesticides
- _____ Other (Please Specify)
- _____
- _____

Type of Material Stored

(Check all that apply)

- _____ Acids
- _____ Oil
- _____ Diesel Fuel
- _____ Gasoline
- _____ Transmission Fluid
- _____ Solvents
- _____ Paint Strippers
- _____ Varnish
- _____ Paints (Other)
- _____ Bottom Paint
- _____ Chemicals
- _____ Resins
- _____ Caustics
- _____ Other (Please Specify)
- _____
- _____

3. WASTE GENERATION - METHOD AND LOCATION OF DISPOSAL

Specify Types of Waste Generated and Name and Address of Disposal Company used for each type of waste and frequency of pick-up.

LIQUID WASTE (Oil, Solvents, Transmission Fluid, Washwaters, etc.)

Name: _____
 Address: _____
 Frequency: _____
 Type: _____

SLUDGE WASTE (Still Bottoms, Treatment, Recirculation, or Separation System Sludges, etc.)

Name: _____
 Address: _____
 Frequency: _____
 Type: _____

SOLID WASTE (Dry Chemicals, Empty Chemical Containers, Contaminated Rags, etc.)

Name: _____
 Address: _____
 Frequency: _____
 Type: _____

OTHER WASTE (General garbage or other not listed)

Name: _____

Address: _____

Frequency: _____

Type: _____

4. WATER SUPPLY

Name of Utility Company: _____

Number of Wells: _____

Volume Used Annually: _____

5. SEWAGE DISPOSAL

Number of sewage pump-outs _____ Number of sewage pump-outs operational _____

Facility Served by Septic Tank: Yes _____ No _____

Facility Served by Sanitary Sewer: Yes _____ No _____

6. INDUSTRIAL WASTEWATER (Other than Sewage)

Method of Generation: _____

Method of Disposal: _____

Facility Served by Septic Tank: Yes _____ No _____

Provide Copy of most recent bill from Water & Sewer Company.

7. INDUSTRIAL WASTE Estimated Production Rate of Industrial Waste. (Attach additional sheets as necessary; refer to question #2).

Type of Waste	Storage, Treatment Containment, or Disposal Device	Container Dimension and Descriptive Data	Typical Volume Stored/Mo.

8. RAW MATERIALS STORAGE

<u>Name</u>	<u>Quantity</u>	<u>Type (Chemicals, etc.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. STORAGE TANK

- A. Aboveground Capacity: _____ Type Product: _____
- B. Underground Capacity: _____ Type Product: _____
- C. Attach Material Safety Data Sheets for quantities of chemicals over 5 gallons.
- D. Sketch or attach photographs of facility showing storage, waste generation and disposal areas.

10. HURRICANE EVACUATION INFORMATION

- A. Do you require boat owners to remove their vessels in the event of a hurricane? ___ Yes ___ No
- B. If yes, when do you require them to leave? _____ Hours Before _____ Days Before
- C. Do you have sanctions against owners who do not remove their boats? ___ Yes ___ No
- D. During past hurricane warnings, approximately how many boats remained in your marina? _____
- E. Does your marina have a hurricane preparedness plan? ___ Yes ___ No
- F. If yes, is it made available to all boat owners in your marina? ___ Yes ___ No
- G. Percentage of the boats in your marina is owned by people who live outside Miami-Dade County _____ %

BOAT DOCKING AND BOAT STORAGE FACILITIES FEE SCHEDULE

Actual permit fees to be assessed upon application review by Marine Facilities Program staff.

<u>A. Wet Slips / Dry Storage</u>	<u>Annual Fee</u>
1. Recreational boat docking/storage facility	\$ 75 + \$7 / slip up to a maximum of \$1,060
2. Commercial boat docking/storage facility	\$140 + \$7 / slip up to a maximum of \$1,060
3. Recreational or commercial facility with repairs, maintenance, fueling or, other industrial activity	\$265 + \$7 / slip up to a maximum of \$1,380



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The undersigned owner or authorized representative* of _____ is fully aware that the statements made in this application for an operating permit are true, correct, and complete to the best of the applicant's knowledge and belief.

*** Please attach notarized Letter of Authorization.**

Signature, Owner or Authorized Representative
(Notarization is mandatory)

Typed Name and Title

Sworn to and subscribed before me this _____ day of _____ 20_____,
by _____ who is _____ personally known **or** _____ produced the following
identification: _____.

Notary Public

(For DERM Use Only)

Date Received: ___/___/___

Approved By: _____

Certificate of Occupancy No.: _____

Occupational License No.: _____

Other Dade County Permit Nos.: _____
