



Environmental Protection
Division

FOR E.P.D. STAFF USE ONLY

PERMIT # _____ DATE RECEIVED _____ RECEIPT No. _____

REVISED 12/08

**APPLICATION FOR CONSERVATION AREA AUTHORIZATION
PERMIT**

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

Mail or Orange County Environment Protection Division
Deliver To: 800 Mercy Drive, Suite 4
Orlando, FL 32808
(407) 836-1400, Fax (407) 836-1499

SECTION 1

OWNER(S) OF THE LAND

Name: _____

Title and Company: _____

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). 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 runoff.

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

Attached

- 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)
- 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.ocpafl.org)

As of January 1, 2009, the attached disclosure forms are required with all permit application submittals. The forms listed below must be completed and notarized.

- AGENT AUTHORIZATION FORM
- RELATIONSHIP DISCLOSURE FORM-DEVELOPMENT RELATED
- SPECIFIC EXPENDITURE REPORT 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
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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
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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 _____, 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:

RELATIONSHIP DISCLOSURE FORM

**For use with development related items except
applications in which the County is the principal or primary applicant**

This form shall be submitted to the department processing your application prior to the development-related item being considered for review and/or approval by Orange County.

In the event any information provided on this form should change, the applicant(s) should file an amended form on or before the date of project consideration before the appropriate board or body.

IS THE APPLICANT OR ANY PERSON INVOLVED WITH YOUR PROJECT:

- **A RELATIVE OR BUSINESS ASSOCIATE OF THE MAYOR OR MEMBER OF THE BCC?**
- **AN EMPLOYER OF THE MAYOR OR MEMBER OF THE BCC?**

IS ANY PERSON WITH A BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR MEMBER OF THE BCC?

Please complete table below:

	Applicant/Principal	Developer	Property Owner	Consultants/Attorney
Business Associate	YES/NO	YES/NO	YES/NO	YES/NO
Relative	YES/NO	YES/NO	YES/NO	YES/NO
Employer	YES/NO	YES/NO	YES/NO	YES/NO
Beneficial interest in the outcome	YES/NO	YES/NO	YES/NO	YES/NO

If you responded **yes** to any of the above questions, please state with whom and explain the relationship:

ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Signature Date: _____

Print Name and Title of Person completing this form: _____

Business Address (Street/P.O. Box, City and Zip Code): _____

Business Phone () _____

Facsimile () _____

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: _____

ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT

**This form should be completed in full and filed with all application submittals.
 This form shall remain cumulative ** File any amendment with the department processing your application.**

Part I

Please complete the following:

Name and Address of Principal or Principal's Authorized Agent: _____

 Name and Address of Lobbyist, consultants, contractors, if any: _____

Part II

Expenditures:

An "expenditure" is defined to mean a payment, distribution, loan, advance, reimbursement, deposit, or anything of value made by a lobbyist or principal for the purpose of lobbying, as this term is defined in section 2-351, Orange County Code. The term "expenditure" does not include contributions or expenditures reported pursuant to chapter 106, FS, or federal election law, campaign-related personal services provided without compensation by individuals volunteering their time, any other contribution or expenditure made by or to a political party, or any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4). (s.112.3215, FS)

The following is a complete list of all lobbying expenditures incurred by the principal or his/her authorized agent, his/her lobbyist, and/or his/her contractors, if applicable, expended in connection with the above-referenced project or issue:

Date of Expenditure	Name of Payee	Description of Expenditure	Amount Expended
			\$
			\$
			\$
			\$
			\$
			\$
			\$

If continued on a separate sheet, please check here _____

Total Expenditures this Report: \$
Date of this Report: _____

I hereby certify that information provided in this specific project expenditure report is true and correct based on my knowledge and belief. I further acknowledge and agree to comply with the requirement of section 2-354 of the Orange County code to amend this specific project expenditure report for any additional expenditure incurred related to this project prior to the scheduled Board of County Commissioner meeting. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Date: _____

Signature of Principal or Principal's Authorized Agent*
(check appropriate box)

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: _____

**If form is signed by the Principal's Authorized Agent, please attach the completed Agent Authorization form.*