



Environmental Protection Division

For E.P.D. Staff Use Only

Permit # _____ Date Received _____ Receipt No. _____

REV 12/08

APPLICATION FOR BOAT RAMP FACILITY PERMIT
(In Accordance with Orange County Boat Ramp Regulations,
Chapter 15, Article XV, and Sections 30-236 to 30-282 Orange County Code)

Mail or Deliver To: Orange County Environmental Protection Division
800 Mercy Drive
Orlando, Fl 32808
(407) 836-1400, Fax (407) 836-1499

****Enclose a check for the filing and advertising fee of \$177.00 payable to The Board of County Commissioners****

****Process Fee for Appeals and Variances - \$397.00****

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

① Type of facility (Check One):

_____ Private _____ Semi-Private _____ Commercial _____ Public

② FDEP File No.: _____ Permit Date: _____

FDEP Natural Resources Submerged Lands Lease File No.: _____

Permit Date: _____

③ SJRWMD/SFWMD File No: _____ Permit Date: _____

US Army Corps of Engineers File No: _____ Permit Date: _____

④ Orange County Zoning Designation: _____

⑤ Is the facility a previously approved part of a subdivision or planned development? (yes/no) _____

⑥ Special Exception: (yes/no) _____ (If yes, attach approval conditions)

⑦ Commercial or Semi-Private Facility Developer's Agreement, if required by Section 15-605(b)(14), attached? (yes/no) _____

⑧ Uses include launching motorized boats? (yes/no) _____

If **no**, attach a current tax map (portion or reduced map) showing all properties within a 500 foot radius of any part of the facility, and the names and mailing addresses of each owner.

If **yes**, attach a current tax map (portion or reduced map) showing all properties within a 500 foot radius of any part of the facility and the names and mailing addresses of all owners. As well as all the names and addresses of the owners around any adjacent canal and the nearest lake which has navigable accessible to the canal.

REQUIRED ATTACHMENT(S):

Five (5) copies of a Survey that includes the following:

Clear depiction of all easements, rights-of-way, improvements and other encroachments.

Survey shall depict the property at the time of permit application and shall be prepared, signed and sealed by a surveyor registered in the State of Florida.

Site plan depicting the boat ramp facility, including any improvements. Such a plan will also depict the Normal High Water Elevation (NHWE).

- Calculations regarding the amount of fill and excavation that will be required to construct the boat ramp facility.
- A list of materials that will be used to construct the boat ramp facility.
- Cross section survey depicting, slopes, elevations and depth profiles of the boat ramp facility.
- The minimum dimensions of the lot or parcel must be 70 feet wide by 100 feet long.
- Five (5) copies of Facility Plans that include the following (*Excluding Private Single Family Use*):**
 - Clear depiction of proposed improvements, buffer walls or landscaping, the ramp and turnaround or backing drive, stormwater control, parking spaces, access from public roads, and companion mooring dock.
 - The current and Normal High Water Elevation (NHWE).
- Five (5) copies of following:**
 - Calculations regarding the amount of fill and excavation that will be required for construction of the boat ramp facility.
 - Cross section survey depicting slopes, elevations and depth profiles of the boat ramp facility.
 - List of construction materials that will be used to construct the boat ramp facility.
- Five (5) copies of a current tax map. (If applicable) *See Item #7 above***
- 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**

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:

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.*