



Environmental Protection
Division

For E.P.D. Staff Use Only

Permit # _____ Date Received _____ Receipt No _____

REV 12/08

APPLICATION FOR CONSERVATION AREA IMPACT PERMIT

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

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

PROCESSING FEES: Enclose a check for the filing fee payable to The Board of County Commissioners

- \$540.00 - Single Family
- \$1,236.00 - Non Single Family < 10 acres of impact
- \$1,957.00 - Non Single Family 10 – 50 acres of impact
- \$4,326.00 - Non Single > 50 acres of impact
- \$397.00 – Variance or Appeal

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 AUTHORIZED TO SECURE PERMIT

Name: _____

Title and Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone and Fax: _____ Email: _____

CONSULTANT (IF DIFFERENT FROM AGENT)

Name: _____

Title and Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone and Fax: _____ Email: _____

SECTION 2

LOCATION OF PROPERTY

County Commission District: _____

Section(s): _____ Township: _____ Range: _____

Street Address: _____

Tax Parcel ID(s): _____

LEGAL DESCRIPTION

SECTION 3

Habitat loss through Conservation Area Impacts shall be compensated by:

_____ Mitigation (provide Submittal Requirements 1 through 7); or

_____ Monetary payment (provide Submittal Requirements 1 through 2, and compensation methodology as detailed in Habitat Compensation/Chapter 15, Article X, Section 15-396(1) or (2), Orange County Code)

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

Attached

- A copy of the Conservation Area Determination issued by Orange County.
- A table that identifies Conservation Area(s) proposed for impact and acreage of each impact.
- A list of all plants and animals which are listed as endangered, threatened or species of concern (pursuant to Section 581.185, Florida Statute, and Rules 39-27.003 and 39.27.004, Florida Administrative Code).
- An aerial photograph that depicts the location of the mitigation site. (Note: if preservation of undisturbed uplands is proposed, the existing wetland system to which the mitigation site is contiguous, must also be depicted.
- A design for and a description of the area proposed for creation or restoration or enhancement which shall include its acreage, grading design, 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.
- Site Plan.
- Proposed language for Conservation Area Signage.
- Parcel identification data for all parcels in project (This may be obtained by visiting www.ocpafll.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

A. By signing this application form, I am applying or I am applying on behalf of the property owner, for the determination of wetlands on the above stated property, 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 for a Conservation Area Impact Permit, and that any work prior to approval of a permit is a violation of Orange County code. I understand that this application and determination issued pursuant thereto, does not relieve me of any obligation for obtaining any other required federal, state or local permit prior to construction. I understand that any false statement or representation in this application will nullify the determination and any permit in which this determination is used; along with the understanding a new application with appropriate filing fee will be necessary to obtain a new determination.

Typed/Printed Name of Owner (If no agent is used) or Agent (If one is authorized below)

Signature of Owner/Agent

Date

(Corporate Title if applicable)

AN AGENT MAY SIGN ABOVE ONLY IF THE OWNER COMPLETES THE FOLLOWING:

B. I hereby designate and authorize the agent listed above to act on my behalf, or on behalf of my corporation, as the agent in the processing of this application for the determination and to furnish, on request, supplemental information in support of the application. In addition, I authorize the above listed agent to bind me, or my corporation, to perform any requirements which may be necessary to procure the determination indicated above I understand that any false statement or representation in this application will nullify the determination and any permit in which this determination is used; along with the understanding a new application with appropriate filing fee will be necessary to obtain a new determination.

Typed/Printed Owner name

Signature

Date

(Corporate Title if applicable)

PERSON AUTHORIZING ACCESS TO THE PROPERTY MUST COMPLETE THE FOLLOWING:

C. I am either the property owner described in this application or I have the legal authority to allow access to the property, and I consent, after receiving prior notification, to any site visit on the property by personnel from Orange County necessary for the review and inspection of the proposed project specified in this application. I authorize the personnel to enter as many times as may be necessary to make such review and inspection.

Typed/Printed Owner name (or legal authority)

Signature

Date

(Corporate Title if applicable)

Please note: All original signatures required, no photocopies accepted.

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.*