



Environmental Protection Division

For E.P.D. Staff Use Only

Permit # \_\_\_\_\_ Date Received \_\_\_\_\_ Receipt No. \_\_\_\_\_

REV 12/08

**APPLICATION FOR SHORELINE ALTERATION/DREDGE & FILL**

(In Accordance with Orange County Pumping and Dredging Control Regulations, Chapter 15, Article VI, and Chapter 33, Articles II and IV, Orange County Code)

**Send 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: \_\_\_\_\_

**Notice to Applicants**

The proposed dock structure may require a permit from either the Florida Department of Environmental Protection or the applicable Water Management District. In addition to public regulations which Orange County enforces, be advised that there may be other private restrictions or approval requirements that will affect your ability to erect this structure. Please review your deed restrictions and/or consult with your Homeowner's Association or Architectural Review Board.

**SECTION 2 - GENERAL INFORMATION:**

LOCATION OF PROPERTY

Street Address: \_\_\_\_\_

Tax Parcel ID (s) \_\_\_\_\_

**LEGAL DESCRIPTION**

\_\_\_\_\_  
\_\_\_\_\_

Name of water body: \_\_\_\_\_ Normal High Water Elevation (NHWE): \_\_\_\_\_msl

Description of Work (This should include mitigation, including re-vegetation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Justification for the alteration: \_\_\_\_\_  
\_\_\_\_\_

**REQUIRED ATTACHMENT(S):**

- Three (3) copies of the Shoreline Alteration Plans that include the following:**  
(A Professional Engineer must prepare and sign the plans)
  - The current and Normal High Water Elevations (NHWE)
  - Lake name
  - A north arrow
  - Bottom elevations or water depths
  - The dimensions of the property (including total linear feet of shoreline at the NHWE)
  - Existing structures and proposed alteration areas with dimensions in feet or square feet.
  - The location of the requested work with respect to the upland owner’s property and adjacent properties.
  - The owner’s name and site address must be on each page of the plans.
  - A description of sedimentation and erosion control measures used during construction.
- A property survey or have the alteration areas drawn to scale on a survey.**
- A description of vegetation types identified proposed for alteration.**
- Complete mailing address of all property owners within 500 feet of the project so that Orange County may notify them of the Public Hearing.**

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**

**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.

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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 understand that Orange County will make no representation as to the proposed dock's impact on navigability or safety. For that reason, I understand that it may be advisable for me to consult with an expert in navigability and safety issues. 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 Section 15-225, Orange County Code.

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Typed/Printed Name of Applicant

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Signature of Applicant/Agent

Date

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Corporate Title (if applicable)

**In addition to County and local permitting requirements, there are state agencies that regulate the construction of docks and associated structures. It is recommended that you contact the State to get their information:**

**Florida Department of Environmental Protection, Central District  
Submerged Lands and Environmental Resources Permitting Section  
3319 Maguire BLVD.; Suite 232  
Orlando, Florida 32803-3767  
(407) 894-7555**

**If you are considering other projects along your shoreline such as:**

- clearing or filling wetlands,
- clearing shoreline vegetation,
- removing muck,
- installation of boat ramps or seawalls, etc.,

**please be aware that the County also has regulations pertaining to these activities. Contact Division staff for permitting information on these activities.**

# 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: \_\_\_\_\_

<b>Legal Description(s) or Parcel Identification Number(s) are required:</b>
<b>PARCEL ID #:</b>
<b>LEGAL DESCRIPTION:</b>

**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:

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**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.*