



APPLICATION FOR CONSERVATION AREA AUTHORIZATION

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

**Mail or
Deliver To:** Orange County Environmental Protection Division (EPD)
3165 McCrory Place, Suite 200
Orlando, Florida 32803
(407) 836-1400, Fax (407) 836-1499

SECTION 1

OWNER(S) OF THE LAND

Name: _____

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 - GENERAL INFORMATION:

Street address: _____

Parcel/Tax ID Number(s): _____

Legal description of property: _____

SECTION 3 – DESCRIPTION OF WORK

Description of work (name specific plants to be removed and/or planted): _____

The percentage of vegetation proposed to be removed: _____ %; Total area: _____ feet.

REQUIRED DOCUMENTATION:

- A certified property survey
- 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
- Agent Authorization Form (if applicable)
- ‘Before’ and ‘After’ site plan of the current and proposed conditions
- Photographs of the area in which the work is proposed

Name and address of adjacent property owners

Name: _____

Address: _____

City: _____ State _____ Zip _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

REQUIRED DIAGRAMS/SITE PLAN ATTACHMENTS MUST INCLUDE:

- The property owner’s name and site address
- The Normal High Water Elevation (NHWE) (if applicable) value and location, and any easements
- Lake name, north arrow, and accurate dimensions of the property
- A detailed depiction of existing conditions, including species and location of all existing vegetation (native and non-native)
- The specific location and species to be removed (including any submerged vegetation)
- The specific location and species to remain
- The specific location, species, size, spacing, and the approximate number of native plants to be re-planted
 - Note that plantings adjacent to an impaired water body or Outstanding Florida Water (OFW) will be required to number at least five different native species and be installed on one-foot centers.
- The method to be used for vegetation removal
- The means for minimizing and controlling erosion and for reducing the nutrient concentration in both surface runoff and lake waters.

- Chapter 2019-125, Florida Statutes (House Bill 7103), establishes timeframes for applicant and agency responses. By checking this box, you are providing written authorization for EPD to waive the mandatory timeframes established by law.

SECTION 3

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

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 is an application for the removal of non-native/nuisance vegetative species only, that approval is contingent upon replanting with native species, and that my property will ultimately be required to achieve 80% coverage of appropriate wetland and/or aquatic species.** 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

Property Owner's Signature

Date

Corporate Title (if applicable)

SECTION 4

TO BE COMPLETED BY REAL PROPERTY OWNER ONLY:

Please read each of the following requirements of the Conservation Area Authorization and initial next to each statement confirming you have read and understand the requirements set forth by Orange County Ordinance, Chapter 15, Article VII.

I, _____, am the legal owner of _____ the property described herein.

- ___ I understand that the purpose of this permitted activity is to improve or enhance the ecological value of the conservation area.
- ___ I understand that the replanting of my shoreline with native vegetation to a minimum areal coverage of 80 percent within 30 days of the removal of the nuisance/invasive/exotic species is required.
- ___ I understand that if Orange County staff determines my property to have less than 10 percent areal coverage of nuisance/invasive/exotic vegetation upon site inspection, my permit application will be administratively closed.
- ___ I understand that replanting requirements may differ based on existing vegetation, community type, or other site conditions.
- ___ I understand that a turbidity barrier, or other sediment/erosion control measures, may be required for the entirety of the removal and replanting process.
- ___ I understand that no heavy equipment shall be used to alter topography, impact the soil, or result in excessive turbidity.
- ___ I understand that native trees are protected and will not be removed or impacted, unless specified and approved.
- ___ I understand that EPD staff shall have permission to enter my property at any reasonable time to ensure conformity with the approved plans and specifications approved by the permit.
- ___ I understand that I may be required to address any outstanding enforcement/compliance items prior to the approval of my permit.
- ___ I understand that if any native trees are removed, I will be required to replant appropriate native trees at a 4:1 ratio.
- ___ I understand that if Orange County staff determines that my shoreline replanting is insufficient, I may be held responsible for corrective actions, that may include but not be limited to, replanting with additional native vegetation, paying penalties for non-compliance, paying fines for each day my property is out of compliance, and mitigation for impacts.
- ___ I understand that upon the transfer of ownership of the property the permit shall become void unless a completed permit transfer request is submitted to EPD.

I, _____, understand and acknowledge the above statements and requirements of this permit application and the potential implications if I do not comply with my permit.

Typed/Printed Name of Property Owner Property Owner Signature Date

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 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: