

Total Fee:

WD < 10 Acres: \$1,110.00

WD > 100 Acres: \$3,414.00

ORANGE COUNTY WETLAND DETERMINATION APPLICATION FORM

APPLICATION SUBMITTAL DETAILS

Processing Fee for a Wetland Determination (WD) varies by property size. See fees below:

\$10.60/acre

WD 10 to 40 Acres: \$1,771.00
WD For Each Acre Over 100 Acres:

Environmental Protection Division

3165 McCrory Place, #200 Orlando, FL 32803 (407) 836-1402 Electronic Submittal:

wetlandpermitting@ocfl.net

WD 40 to 100 Acres \$2,524.00

WD After-the-Fact Additional Fee:

\$829.00

Payments may be made electronically using the Fast By check submitted to EPD. Please make check payak					
EPD encourages all applications to be electronically submitted. Electronic submittal: wetlandpermitting@ocfl.net					
Have any questions? Please call EPD at: (407) 836-1402 or email: wetlandpermitting@ocfl.net OR refer to the Applicant's Handbook.					
	SECTION 1				
OWNER OF THE LAND					
Name:					
Title & Company:					
Telephone:	Email Address:				
Address:					
City:	State:	Zip Code:			
ENTITY TO RECEIVE PERMIT (IF OTHER THAN OWNER)					
Name:					
Title & Company:					
Telephone:	Email Address:				
Address:					
City:	State:	Zip Code:			

AGENT AUTH	ORIZED TO SECURE PERMIT			
Name:				
Title & Company:				
Telephone:	Email Address:			
Address:				
City:	State:	Zip Code:		
CONSULTANT (IF DIFFERENT THAN AGENT)				
Name:				
Title & Company:				
Telephone:	Email Address:			
Address:				
City:	State:	Zip Code:		
	SECTION 2			
	JECT SITE DETAILS			
Property Site Address/Location:				
Tax Parcel ID Number(s):				

Acreage:

SUPPORTING DETAILS
(Please provide separate 8 ½ by 11-inch sheets for each item below.) All items below are required to obtain your Wetland Determination
Check this box if applying for a Limited Wetland Determination pursuant to Section 15-382(c)(4). The subject parcel must be a minimum of two acres in size and the proposed development area must be less than one-tenth (1/10) acre for single-family residential or one-half (1/2) acre for commercial. Vicinity Map
A map showing the approximate extent of wetlands and surface waters within the parcel boundary delineated pursuant to Chapter 62-340, F.A.C. [Refer to Section 15-382(c)(3)e] Current aerial photograph of the project site with the parcel boundary shown (max. scale 1:200'). [Refer to Section 15-382(c)(3)f]
A map showing the soil types as determined by the <u>U.S. Department of Agriculture, Natural Resources</u> <u>Conservation Service (NRCS)</u> within the parcel boundary. [Refer to Section 15-382(c)(3)g]
A landcover vegetation map, utilizing classifications from the Florida Land Use, Cover and Forms Classification System (FLUCCS) established by the Florida Department of Transportation (1999), with the parcel boundary shown. [Refer to Section 15-382(c)(3)h]
If impacts are proposed, submit UMAM sheets Part I and II, pursuant to Chapter 62-345, Florida Administrative Code, for each wetland and surface water system proposed for impact on-site and a summary of the proposed UMAM scores for review and approval. [Refer to Section 15-382(c)(3)j] Include all email addresses for names/entities provided in Section 1.

WETLAND DETERMINATION APPLICATION PROCESS
All items below are required pursuant to Section 15-382(d)

- 1. Submit a complete Wetland Determination Application with processing fee and all supporting information identified above.
- 2. Within 30 days of receipt, EPD staff will review the application. During this time, staff will coordinate with either the applicant or applicant's agent for a site inspection.
- 3. Following the site visit, staff will issue a delineation agreement letter verifying the absence or presence and approximate extent of wetlands and surface waters within the parcel(s).
 - If staff determine that no wetlands or surface waters exist onsite, a final Wetland Determination will be issued to complete the process.
- 4. If EPD staff determined that wetlands and/or surface waters exist within the parcel(s), the applicant shall then submit a special purpose survey depicting the parcel boundary and any identified wetlands and/or surface waters within the parcel(s). The applicant shall also submit an electronic shapefile depicting the wetlands and/or surface waters within the parcel(s).
- 5. Upon receipt of the above survey and shapefile, EPD will issue the final Wetland Determination.

All Wetland Determination Permits are valid for five (5) years, provided physical conditions on the parcel do not change pursuant to Section 15-382(d).

SECTION 3

SUMMARY TABLE FOR JURISDICTIONAL WETLAND (WL) & SURFACE WATER (SW) ON THE PROPERTY PURSUANT TO 62-340, Florida Administrative Code (F.A.C.)

Wetland & Surface Water ID	Community Type*	Approximate Size (acres)
	Total WL and SW Acres on Parce	l:

*List Florida Land Use, Cover and Forms Classification System (FDOT 1999; website: https://www.fdot.gov/docs/default-source/geospatial/documentsandpubs/fluccmanual1999.pdf)

SECTION 4

AGENT AUTHORIZED TO SECURE PERMIT

By signing this application form, I am applying, or I am applying on behalf of the property owner, for an Orange County Wetland Determination Permit on the subject property. 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 an Orange County Wetland Determination 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 permit and understand that a new application with appropriate filing fee will be necessary.

Typed/Printed Name of Owner or Authorized Agent:
(Corporate Title if applicable)
Signature of Owner/Agent:
Date:
PERSON AUTHORIZING ACCESS TO THE PROPERTY MUST COMPLETE THE FOLLOWING
ACCESS TO PROPERTY
I am either the property owner described in this application, or I have 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 sure such review and inspection.
Typed/Printed Name of Owner or Authorized Agent: (Corporate Title if applicable)
Signature of Owner/Authorized Agent:

Date:

SECTION 5

AGENT AUTHORIZATION FORM

I/WE, (PRINT PROPERTY OWNER NAME) , AS THE OWNER(S) OF REAL PROPERTY DESCRIBED AS FOLLOWS, , DO HEREBY AUTH TO ACT AS MY/OUR AGENT (PRINT AGENT'S NAME), , TO EXECUTE ANY PETITION OTHER DOCUMENTS NECESSARY TO AFFECT THE APPLICATION APPROVAL REQUESTED AND MORE SPECIFICALLY DESCRIBE FOLLOWS, , AND TO APPEAR ON MY/OUR BEHALF BEFORE ADMINISTRATIVE OR LEGISLATIVE BODY IN THE COUNTY CONSIDERING THIS APPLICATION AND TO ACT IN ALL RESPECTS AS AGENT IN MATTERS PERTAINING TO THE APPLICATION. Date Signature of Property Owner Print Name Property Owner Print Name Property Owner	ORIZE NS OR ED AS ANY
REAL PROPERTY DESCRIBED AS FOLLOWS,	ORIZE NS OR ED AS ANY
TO ACT AS MY/OUR AGENT (PRINT AGENT'S NAME),	NS OR ED AS ANY
OTHER DOCUMENTS NECESSARY TO AFFECT THE APPLICATION APPROVAL REQUESTED AND MORE SPECIFICALLY DESCRIB FOLLOWS,	D AS
FOLLOWS,	ANY
ADMINISTRATIVE OR LEGISLATIVE BODY IN THE COUNTY CONSIDERING THIS APPLICATION AND TO ACT IN ALL RESPECTS AS 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 day of, 20, before me,, an officer duly authorized by the State of F	lorida
in the county mentioned above, to take acknowledgements, personally appeared, to me known to	
person described in this instrument or to have produced as evidence, and who has acknowl	edged
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	
Signature of Notary Public	
Notary Public for the State of Florida	
(Notary Seal) My Commission Expires:	
Legal Description(s) or Parcel Identification Number(s) are required:	
PARCEL ID:	
PARCEL ID: LEGAL DESCRIPTION:	

EPC-015-2018-01