



Class V Dewatering Permit Application Form

For Departmental Use Only

Date Received: _____ Application #: _____
 Fee Received: \$ _____ Tracking #: _____

1. Checklist:

- Application Fee: Dependant upon duration of dewatering permit:
 6 days or less **\$520.00*** 7-30 days **\$635.00**** 31-90 days **\$980.00****
 Note: After-the-Fact Permit applications will be charged a penalty fee amounting to 100% of the original fee, plus departmental administrative enforcement costs
- Complete description of dewatering operation ***
- Complete dewatering operation calculations***
- Site Plan (site plan shall include project boundaries, location of proposed dewatering activity, sedimentation tanks, turbidity barriers and control devices, discharge points, waterways, berms, monitoring points, etc.)***

* **Permit issued for less than 6 days, CANNOT BE EXTENDED, a new permit application will be required.**
 ** **Time extension requests have to file at least seven calendar days prior to the time of permit expiration.**
 *** **Must be signed and sealed by an engineer, architect or land surveyor, licensed in the state of Florida.**

2. Project Information:

Project Name: _____ Folio #: _____
 This application is for a(n): New Permit After the Fact Permit
 Location: _____
 Section: _____ Township: _____ Range: _____
 Municipality: _____
 Proposed starting date: ASAP Estimated completion date: TBD
 Is the proposed work in a contaminated site? Yes No Unknown
 If yes, see Attachment "B"

3. Applicant Information:

This should be the applicant's information for contact purposes.

Name: _____
 Company: _____
 Address: _____
 _____ Zip Code: _____
 Phone #: _____ Fax: _____
 Email: _____

4. Applicant's Authorized Permit Agent:

Agent is authorized to process the application, furnish supplemental information relating to the application and bind the applicant to all requirements of the application.

Name: _____
 Company: _____
 Address: _____
 _____ Zip Code: _____
 Phone #: _____ Fax #: _____
 Email: _____

5. Contractor Information:

Name: _____ License # (County/State): _____
 Company: _____
 Address: _____ Zip Code: _____
 Phone #: _____ Fax#: _____ Email: _____

6. Performance Bond and/or Mitigation Fee: (to be assessed by Water Control Section)

- This permit may require a performance bond to guarantee that work is accomplished according to plan and that no impact to adjacent properties is generated as a result of the permitted dewatering activity.
- A mitigation fee may be required to compensate for any loss of or impact to natural resources due to the extent and duration of the dewatering activity.

7. APPLICANT AFFIRMATION:

Application is hereby made for a Miami-Dade County Class V permit to authorize the activities described herein. I agree to or affirm the following:

- I possess the authority to authorize the proposed activities at the subject property, and
- I am familiar with the information, date and plans contained in this application, and
- To the best of my knowledge and belief, the information, data and plans submitted are true, complete and accurate, and
- I will apprise the Department of any changes to information provided in this application, and
- I will provide any additional information, evidence or data necessary to provide reasonable assurance that the proposed project will comply with the applicable State and County water quality standards both during construction and after the project is completed, and
- I am authorizing the permit agent listed in Section 4 of this application to process the application, furnish supplemental information relating to this application and bind the applicant to all requirements of this application, and
- I agree to provide entry to the project site to inspectors and authorized representatives of Miami-Dade County, with proper identification or documents as required by law, for the purpose of preliminary analysis, verification, sampling, monitoring, and observation of permitted activities.

A. IF APPLICANT IS AN INDIVIDUAL

Signature of Applicant	Print Applicant's Name	Date
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B. IF APPLICANT IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON

(Examples: Corporation, Partnership, Trust, LLC, LLP, etc.)

Print Name of Applicant (Enter the complete name as registered)	Type (Corp, LLC LLP, etc.)	State of Registration/Incorporation
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Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Applicant, to bind the Applicant, and if so required, to authorize the issuance of a bond on behalf of the Applicant. (If asked, you must provide proof of such authority to the Department). Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages (ATTACHMENT "A").

Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date
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C. IF APPLICANT IS A JOINT VENTURE Each party must sign below (If more than two members, list on attached page)

Print Name of Applicant (Enter the complete name as registered)	Type (Corp, LLC LLP, etc.)	State of Registration/Incorporation
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Print Name of Applicant (Enter the complete name as registered)	Type (Corp, LLC LLP, etc.)	State of Registration/Incorporation
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Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Applicant, to bind the Applicant, and if so required to authorize the issuance of a bond on behalf of the Applicant. (If asked, you must provide proof of such authority to the Department). Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages (ATTACHMENT "A").

Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date
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Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date
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Class V Permit Application Additional Signatures Page

Project Name: _____

Additional Signatures for: Applicant Owner

A. IF THE APPLICANT/OWNER IS AN INDIVIDUAL

Signature of Applicant/Owner	Print Name of Applicant/Owner	Date
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Signature of Applicant/Owner	Print Name of Applicant/Owner	Date
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B. and C. IF THE APPLICANT/OWNER IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON

(Examples: Corporation, Partnership, Trust, LLC, LLP, etc.)

Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Applicant/Owner, to bind the Applicant/Owner, and if so required to authorize the issuance of a bond on behalf of the Applicant/Owner. (If asked, you must provide proof of such authority to the Department). Please Note: If additional signatures are required, pursuant to your governing document, operating agreements, or other applicable agreements or laws, you must attach additional copies of this page.

Signature	Print Name	Title	Date
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Signature	Print Name	Title	Date
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