MIAMI-DADE COUNTY

Class I Permit Application

FOR DEPARTMENTAL USE ONLY	
Date Received:	**Application Number:** **Application Fee:**

Application must be filled out in its entirety. Please indicate N/A for non-applicable fields.

1. Applicant Information:

Name: _____

Address: _____

_____ Zip Code: _____

Phone #: _____ Fax#: _____

Email: _____

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

2. Applicant's Authorized Permit Agent:

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

Name: _____

Address: _____

_____ Zip Code: _____

Phone #: _____ Fax #: _____

Email: _____

3. Location where proposed activity exists or will occur (latitude and longitude are only necessary for properties without address or folio #):

Folio #(s): _____ Latitude: _____ Longitude: _____

Street Address: _____ Section: _____ Township: _____ Range: _____

In City or Town: _____ Near City or Town: _____

Name of waterway at location of the activity: _____

4. Describe the proposed activity (check all that apply):

- ☐ Seawall
  - ☐ New/Replacement Seawall
  - ☐ Seawall Cap
  - ☐ Batter Piles
  - ☐ King Piles
  - ☐ Footer/Toe Wall
  - ☐ Riprap
- ☐ Dock(s)
- ☐ Pier(s)
- ☐ Viewing Platform
- ☐ Boatlift
- ☐ Mooring Piles
- ☐ Fender Piles
- ☐ Davits
- ☐ Dredging
  - ☐ Maintenance
  - ☐ New
- ☐ Filling
- ☐ Mangrove Trimming
- ☐ Mangrove Removal

☐ Other: _____

Estimated project cost = $_____

Are you seeking an after-the-fact approval (ATF)? ☐Yes ☐No If "Yes", describe the ATF work: _____

_____

5. Proposed Use (check all that apply):

- ☐ Single Family
- ☐ Multi-Family
- ☐ Private
- ☐ Public
- ☐ Commercial
- ☐ Industrial
- ☐ Utility

6. If the proposed work relates to the mooring of vessels provide the following information (please also indicate if the applicant does not have a vessel):

Proposed Vessel Type (s): _____

Vessel Make/Model (If known): _____

Draft (s)(range in inches.): _____ Length (s)(range in feet.): _____

Total Number of Slips: _____

7. List all permits or certifications that have been applied for or obtained for the above referenced work:

Issuing Agency	Type of Approval	Identification Number	Application Date	Approval Date

8. Contractor Information (If known):

Name: _____ License # (County/State): _____

Address: _____ Zip Code: _____

Phone #: _____ Fax #: _____ E-mail: _____

9. IMPORTANT NOTICE TO APPLICANTS: The written consent of the property owner is required for all applications to be considered complete. Your application WILL NOT BE PROCESSED unless the Applicant **and** Owner Consent portion of the application is completed below. You have the obligation to apprise the Department of any changes to information provided in this application.

Application is hereby made for a Miami-Dade County Class I 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, data 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 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 2 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 access and allow entry to the project site to inspectors and authorized representatives of Miami-Dade County for the purpose of making the preliminary analyses of the site and to monitor permitted activities and adherence to all permit conditions.

A. IF APPLICANT IS AN INDIVIDUAL

_____ _____ _____

Signature of Applicant | Print Applicant's Name | Date

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) Registration/Incorporation | Type (Corp, LLC, LLP, etc.) | State of

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. *

_____ _____ _____ _____

Signature of Authorized Representative | Print Authorized Representative's Name | Title | Date

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) Registration/Incorporation | Type (Corp, LLC, LLP, etc.) | State of

_____ _____ _____

Print Name of Applicant (Enter the complete name as registered) Registration/Incorporation | Type (Corp, LLC, LLP, etc.) | State of

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. *

_____ _____ _____ _____

Signature of Authorized Representative | Print Authorized Representative's Name | Title | Date

_____ _____ _____ _____

Signature of Authorized Representative | Print Authorized Representative's Name | Title | Date

10. WRITTEN CONSENT OF THE PROPERTY OWNER OF THE AREA OF THE PROPOSED WORK

I/We are the fee simple owner(s) of the real property located at _____ Miami-Dade County, Florida, otherwise identified in the public records of Miami-Dade County as Folio No. _____. I am aware and familiar with the contents of this application for a Miami-Dade County Class I Permit to perform the work on or adjacent to the subject property, as described in Section 4 of this application. I possess the riparian rights to the area of the proposed work (if applicable) and hereby consent to the work identified in this Class I Permit application.

A. IF THE OWNER(S) IS AN INDIVIDUAL

Signature of Owner	Print Owner's Name	Date
Signature of Owner	Print Owner's Name	Date

B. IF THE OWNER IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON
(Examples: Corporation, Partnership, Joint Venture, Trust, LLC, LLP, etc.)

Print Name of Owner (Enter the complete name as registered)	Type (Corp, LLC, LLP, etc.)	State of Registration/Incorporation

Address of Owner

Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Owner, to bind the Owner, and if so required to authorize the issuance of a bond on behalf of the Owner. (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. ***

Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date
Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date

Please Review Above

Appropriate signature(s) must be included in:

Box 9: either A, B **or** C

AND

Box 10: either A **or** B

Class I Permit Application Additional Signatures Page

(Please attach to Class I permit application)

Applicant Name: _____

Owner Name: _____

Project Location: _____

Additional signatures for: ☐ **Applicant**
☐ **Owner**

1. IF THE APPLICANT/OWNER IS AN INDIVIDUAL

_____ _____ _____
Signature of Applicant/Owner | Print Name of Applicant/Owner | Date

_____ _____ _____
Signature of Applicant/Owner | Print Name of Applicant/Owner | Date

2. IF THE APPLICANT/OWNER IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON
(Examples: Corporation, Partnership, Trust, LLC, LLP, etc.)

_____ _____ _____
Print Name of Applicant/Owner (Enter the complete name as registered) | Type (Corp, LLC, LLP, etc.) | State of Registration/Incorporation

Under the penalty of perjury, we certify that we 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 documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages. ***

Signature	Print Name	Title	Date