



Flagler County Wetland Alteration Permit Application

FOR INTERNAL USE ONLY

Permit # _____

Date _____

Required submission:

- Site plan, to include
 - surveyors scale
 - name of project
 - north arrow
 - location of wetland and/or buffer boundaries
 - proposed impacts to wetlands and/or buffers
 - property lines
 - mean high and low water lines/ordinary high water line
- Detailed written description of proposed activity within wetland
- USGS topographic map
- Map depicting wetland flag numbering system
- FDEP forms 62-345.900(1), 62-345.900(2), 62-345.900(3)
- Detailed written description of proposed mitigation activities including quantity, type, location, timing, and cost estimate.

Owner Information:

Property Owner: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____

Agent Information:

Agent Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____

Property Information:

Location (Street Address): _____

Parcel Number: _____ Parcel Size: _____

Name of and distance from closest Area of Special Concern (see 6.02.09(D)): _____

Project Name: _____

Additional Information:

ERP Permit Number: _____ ACOE Permit Number: _____

Proposed wetland impacts _____sq. ft

Proposed wetland buffer impacts _____sq. ft

Affidavit:

The undersigned hereby affirms:

1. Application is hereby made to obtain a permit to do the work and installations as indicated. I verify or affirm that all work will be done in compliance with all applicable construction, zoning, and environmental regulations.
2. I verify that no work or installation has commenced prior to issuance of this permit. If work has already commenced, I have checked in the following space. _____
3. I have the authority to allow and hereby agree to allow County personnel to enter upon this property to inspect development permitted from this application.
4. I will read and agree to all of the permit conditions.

***** I hereby certify that all information contained in this document is true and correct. *****

Owner's Signature

Date _____

STATE OF FLORIDA
COUNTY OF _____

Affirmed and subscribed before me this _____

day of _____, 2_____

by _____,

who is personally known to me

or who has produced _____

(Type of ID)

Agent's Signature (if applicable)

Date _____

STATE OF FLORIDA
COUNTY OF _____

Affirmed and subscribed before me this _____

day of _____, 2_____

by _____,

who is personally known to me

or who has produced _____

(Type of ID)

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary

Seal

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary

Seal