



**ORANGE COUNTY
NOTICED GENERAL PERMIT
APPLICATION FORM
MAINTENANCE ACTIVITIES**

Environmental Protection Division
3165 McCrory Place, #200
Orlando, FL 32803

APPLICATION SUBMITTAL DETAILS		
Processing Fee for a Noticed General Permit (Beneficial Activity) is: \$1,332.00		
Payments may be made electronically using the FastTrack permitting portal: OC Fast Track Home Page (ocfl.net) OR By check submitted to EPD. Please make check payable to: Orange County Board of County Commissioners		
EPD encourages all applications to be electronically submitted. Electronic submittal: wetlandpermitting@ocfl.net		
Have any questions? Please call EPD at: (407) 836-1402 or by email: wetlandpermitting@ocfl.net OR Refer to the Applicant's Handbook .		
Total Direct Wetland / Surface Water Impact Acreage:	Total Parcel Size Acreage:	Tax Parcel ID:

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 AUTHORIZED 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
PROJECT SITE DETAILS
Property Site Address:
Tax Parcel ID#:

SECTION 3			
PROJECT SPECIFIC CRITERIA			
YES	NO	N/A	STATEMENT <i>(If no, your project will not qualify for an Orange County Notice General Permit.)</i>
			Is the proposed maintenance activity for the repair, rehabilitation, or replacement of a previously authorized structure? [Refer to Section 15-387(c)(1)a]
			If the activity is associated with an intake or outfall structure, is all proposed fill temporary and necessary for repair of the structure(s)? [Refer to Section 15-387(c)(1)b]
			Is the proposed maintenance activity for restoration of a previously authorized development to pre-existing conditions within twelve (12) months of a tropical storm, hurricane, or flood event? [Refer to Section 15-387(c)(1)c]

SUPPORTING DETAILS

(Please provide separate 8 ½ by 11-inch sheets for each item below.)

All items below are required in order to obtain your NGP.

	Vicinity/Location Map
	Current aerial photograph of the project site with the parcel boundary shown (max. scale 1:2,400) [Refer to Section 15-387(a)(5)]
	A detailed plan including (but not limited to) cross sections, elevation plans and sediment and erosion control plans for all proposed development activity, including (but not limited to) lots, roads, ponds, approved wetland and surface water limits and proposed impacts, proposed upland buffer impacts, remaining upland buffers, and any proposed on-site mitigation. [Refer to Section 15-387(a)(6)]
	A Wetland and/or Surface Water map of the development site that depicts any potential wetlands or surface waters extending off-site or within one hundred (100) feet of the proposed development. [Refer to Section 15-387(a)(7)]
	Include an Environmental Assessment for all listed plant and animal species and listed and non-listed wildlife that utilize the development site. The assessment shall include but is not limited to an evaluation of the effect of the development site on any identified listed species, a location map of any listed plant and wildlife occurrences, including nests or burrows, a map of any applicable wildlife agency consultation area and a map of any potential wildlife corridors on the development site. [Refer to Section 15-137(a)(11)]
	A Landcover vegetation map utilizing FLUCCS classifications with the parcel boundary shown. [Refer to Section 15-387(a)(12)]
	Describe the construction methodology for the project.
	A valid Wetland Determination issued pursuant to Section 15-382 unless the wetland determination application is being reviewed concurrently with the NGP application. [Refer to Section 15-387(a)(4)]
	Provide UMAM Sheets Part I & II, pursuant to Chapter 62-345, F.A.C. for each wetland, surface water, and upland buffer system on-site and for mitigation purposes. [Refer to Section 15-387(a)(13)]
	Provide a detailed compensatory mitigation plan that fully describes and shows all mitigation endeavors that are proposed to offset all impacts associated with the proposed project. [Refer to Section 15-417(a)]
	Include all email addresses for names/entities provided in Section 1.

SECTION 4

SUMMARY TABLE FOR WETLAND (WL), SURFACE WATER (SW) AND UPLAND BUFFER (UB) PROPOSED IMPACTS

WL/SW/UB ID	Community Type*	Size (acres)	Temporary Impacts (acres)	Permanent Impacts (acres)	Secondary Impacts (acres)	Remaining WL/SW/UB (acres)	Functional Assessment Method	Functional Loss (Secondary Impacts)	Functional Loss (Permanent Impacts)	Mitigation ID

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TOTALS:										

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

SECTION 5

COMPENSATORY MITIGATION

Mitigation ID	Orange County Conservation Trust Fund	Mitigation Bank	If "Other", Please Specify	Mitigation Location	Creation (acres)	Enhancement (acres)	Preservation Wetland (acres)	Preservation Upland Buffer (acres)	Wetland & Surface Water Type	Functional Gain
TOTALS:										

WAIVER OF 30-DAY TIME FRAMES FOR APPLICANT RESPONSE AND OCEPD REVIEW

Please note that pursuant to Chapter 125.022, Florida Statutes establishes timeframes for applicant and agency responses. By checking this box, you are providing written authorization for Orange County, Environmental Protection Division to waive the mandatory timeframes established by law.

SECTION 6

OWNER/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 Noticed General 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 Noticed General 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 Legal Authority:
(Corporate Title if applicable)

Signature of Owner/Legal Authority:

Date:

SECTION 7

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

STATE OF FLORIDA

COUNTY OF _____:

I certify that on ___ day of _____, 20___, before me, _____, an officer duly authorized by the State of Florida 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 _____.

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:

LEGAL DESCRIPTION:

EPC-015-2018-01