

ORANGE COUNTY ADMINISTRATIVE PERMIT TIME EXTENSION REQUEST FORM

Environmental Protection Division

3165 McCrory Place, #200 Orlando, FL 32803

Emergency Order Time Extensions (In accordance with Section 252.363, Florida Statutes) must use this application form instead: [Senate Bill 360 (2009) Written Permit Extension Notification (orangecountyfl.net)] Submit this form to: wetlandpermitting@ocfl.net

Processing Fee for an Administrative Permit Time Extension = \$330

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 email: wetlandpermitting@ocfl.net

OR refer to the Applicant's Handbook.

Permit
Number:

Date Permit
Issued:

Date Permit
Expires:

SECTION 1					
PERMITTEE(S)					
Name:					
Title & Company:					
Telephone:	Email Address:				
Address:					
City:	State:	Zip Code:			
AGENT AUTHORIZE	D TO SECURE PERMIT EXTENSION	N .			
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
SUPPORTING DETAILS (All items below are necessary to obtain your permit extension.)
Please explain the reason for the Permit Extension.
Please explain what work has taken place on the property.
Please indicate if the development site plan or on-site conditions have changed since the original permit authorization. If so, please provide recent aerials or site photos that clearly show any changes to site conditions.

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 3

AGENT AUTHORIZED TO SECURE PERMIT TIME EXTENSION

By signing this application form, I am applying, or I am applying on behalf of the property owner, for an Orange County Permit Time Extension 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 Permit Time Extension, 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 4

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 _____, 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. Signature of Property Owner **Print Name Property Owner** Date Signature of Property Owner **Print Name Property Owner** Date 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** My Commission Expires: (Notary Seal) Legal Description(s) or Parcel Identification Number(s) are required: PARCEL ID:

EPC-015-2018-01

LEGAL DESCRIPTION: