



APPLICATION FOR LAKESHORE PROTECTION PERMIT

(In Accordance with Chapter 15, Article VII, Chapter 33, Articles II and IV, Orange County Code)

Mail or Deliver To: Orange County Environmental Protection Division (EPD)
3165 McCrory Place, Suite 200
Orlando, Florida 32803
(407) 836-1400, Fax (407) 836-1499

****Enclose a check for the filing and advertising fee of \$126.00 payable to The Board of County Commissioners****

****Process Fee for Appeals and Variances - \$409.00****

SECTION 1

OWNER(S) OF THE LAND

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone and Fax: _____ Email: _____

ENTITY TO RECEIVE PERMIT (IF OTHER THAN OWNER)

Name: _____
Title and Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone and Fax: _____ Email: _____

AGENT/CONSULTANT AUTHORIZED TO SECURE PERMIT

Name: _____
Title and Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone and Fax: _____ Email: _____

CONTRACTOR (IF DIFFERENT FROM AGENT)

Name: _____
Title and Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone and Fax: _____ Email: _____

SECTION 2 - GENERAL INFORMATION:

Street address: _____

Parcel/Tax ID Number(s): _____

Legal description of property: _____

SECTION 3 – DESCRIPTION OF WORK

Description of work (name specific plants to be removed and/or planted): _____

The percentage of shoreline vegetation proposed to be removed: _____ %; Total shoreline _____ feet.

REQUIRED ATTACHMENTS:

- A certified property survey
- Agent Authorization Form (if applicable)
- A Notarized “Affected Adjacent Property Owner Notarized Statement of No Objection to Lakeshore Vegetation Removal” from adjacent property owners and any other significantly affected property owners
 - If not supplied by the applicant, EPD is required to complete the notification process, which may add an additional 45 days to the application processing time(s)-.
- A Before and After site plan of the current and proposed conditions
- Photographs of the area in which the work is being proposed

Name and address of adjacent property owners

Name: _____

Address: _____

City: _____ State _____ Zip _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

REQUIRED DIAGRAMS/SITE PLAN ATTACHMENTS MUST INCLUDE:

- The property owner’s name and site address.
- The Normal High Water Elevation (NHWE) value and location, and any easements.
- Lake name, north arrow, and accurate dimensions of the property (including linear feet of shoreline at the NHWE).
- A detailed depiction of existing conditions, including species and location of all existing vegetation (native and non-native).
- The specific location and species to be removed (including any submerged vegetation).
- The specific location and species to remain.
- The specific location, species, size, spacing, and the approximate number of native plants to be re-planted.
 - Note that plantings on an impaired water body or Outstanding Florida Water will be required to number at least five different native species and be installed on one-foot centers.
- The method to be used for vegetation removal.
- The means for minimizing and controlling erosion and for reducing the nutrient concentration in both surface runoff and lake waters.
- An accurate depiction of the location and size of the *access corridor*.

- Chapter 2019-125, Florida Statutes (House Bill 7103), establishes timeframes for applicant and agency responses. By checking this box, you are providing written authorization for EPD to waive the mandatory timeframes established by law.

SECTION 3

PERSON AUTHORIZING ACCESS TO THE PROPERTY MUST COMPLETE THE FOLLOWING:

I either own the property described in this application or I have legal authority to allow access to the property and I consent to any site visit on the property by agents or personnel from Orange County, Florida necessary for the review and inspection of the proposed project specified in this application. I authorize these agents or personnel to enter the property as many times as may be necessary to make such review and inspection. Further, I agree to provide entry to the project site for such agents or personnel to monitor permitted work if a permit is granted.

Typed/Printed Name	Signature	Date
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Corporate Title (if applicable)

By signing and submitting this application form, I am applying for the permit identified above, according to the supporting data and other incidental information filed with this application. 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 and not a permit, and that work conducted prior to approval is a violation. **I understand that this is an application for the removal of non-native/nuisance vegetative species only, that approval is contingent upon replanting with native species, and that my property will ultimately be required to achieve 80% coverage of appropriate wetland and/or aquatic species.** I understand that this application and any permit issued pursuant thereto, does not relieve me of any obligation for obtaining any other required federal, state, water management district or local permit prior to commencement of construction. I agree, or I agree on behalf of my corporation, to operate and maintain the permitted system unless the permitting agency authorizes transfer of the permit to a responsible operation entity; I understand that knowingly making any false statements or representation in this application is a violation of Section 15-256, Orange County Code.

Typed/Printed Name	Signature	Date
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Corporate Title (if applicable)

SECTION 4

TO BE COMPLETED BY REAL PROPERTY OWNER ONLY:

Please read each of the following requirements of the Lakeshore Restoration Permit and initial next to each statement confirming you have read and understand the requirements set forth by Orange County Ordinance, Chapter 15, Article VII.

I, _____, am the legal owner of _____ the property described herein.

- ___ I understand that the purpose of this permitted activity is to improve or enhance the ecological value of the shoreline and the adjacent waterbody.
- ___ I understand that the replanting of my shoreline with native vegetation to a minimum areal coverage of 80 percent within 30 days of the removal of the nuisance/invasive/exotic species is required.
- ___ I understand that if Orange County staff determines my property to have less than 10 percent areal coverage of nuisance/invasive/exotic vegetation upon site inspection, my permit application will be administratively closed.
- ___ I understand that replanting requirements may differ based on existing vegetation, community type, or other site conditions.
- ___ I understand that if my property is on an Outstanding Florida Water (OFW) or an impaired waterbody that I must meet stricter replanting requirements, such as plantings being installed more densely and diversity of revegetation must meet a minimum of five different species based on similar species in the watershed.
- ___ I understand that a turbidity barrier, or other sediment/erosion control measures, must be used for the entirety of the removal and replanting process.
- ___ I understand that no heavy equipment shall be used to alter topography, impact the soil, or result in excessive turbidity.
- ___ I understand that native trees are protected and will not be removed or impacted, unless specified and approved.
- ___ I understand that EPD staff shall have permission to enter my property at any reasonable time to ensure conformity with the approved plans and specifications approved by the permit.
- ___ I understand that if any native trees are removed, I will be required to replant appropriate native trees at a 4:1 ratio.
- ___ I understand that I may be required to address any outstanding enforcement/compliance items prior to the approval of my permit.
- ___ I understand that if Orange County staff determines that my shoreline replanting is insufficient, I may be held responsible for corrective actions that may include but not be limited to, replanting with additional native vegetation, paying penalties for non-compliance, paying fines for each day my property is out of compliance, and mitigation for impacts.
- ___ I understand that upon the transfer of ownership of the property the permit shall become void unless a completed permit transfer request is submitted to EPD.

I, _____, understand and acknowledge the above statements and requirements of this permit application and the potential implications if I do not comply with my permit.

Typed/Printed Name of Real Property Owner Real Property Owner Signature Date

Corporate Title (if applicable)

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 _____, 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.

Date: _____	_____ Signature of Property Owner	_____ Print Name Property Owner
Date: _____	_____ Signature of Property Owner	_____ Print Name Property Owner
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 _____, before me, _____, an officer duly authorized by the State of Florida and 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 _____.

(Notary Seal)

Signature of Notary Public
Notary Public for the State of Florida
My Commission Expires: _____

Legal Description(s) or Parcel Identification Number(s) are required:
PARCEL ID #:
LEGAL DESCRIPTION: