



Environmental Protection  
Division

# PETITION FOR A BINDING DETERMINATION OF EXEMPTION

In accordance with Section 15-381(a), of the Conservation Ordinance of Orange County,  
Orange County Code, Chapter 15, Article X

**Mail or  
Deliver To:** Orange County Environmental Protection Division  
800 Mercy Drive  
Orlando, FL 32808  
(407) 836-1400, Fax (407) 836-1499

## SECTION 1

### OWNER(S) OF THE LAND:

Name: \_\_\_\_\_

Title and Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone and Fax: \_\_\_\_\_

### AGENT AUTHORIZED TO SUBMIT PETITION:

Name: \_\_\_\_\_

Title and Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone and Fax: \_\_\_\_\_

### CONSULTANT (IF DIFFERENT FROM AGENT):

Name: \_\_\_\_\_

Title and Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone and Fax: \_\_\_\_\_

**SECTION 2**

**LOCATION OF PROPERTY:**

Section(s) \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Tax Parcel ID (s) \_\_\_\_\_  
\_\_\_\_\_

**LEGAL DESCRIPTION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3**

**Please indicate the basis for the Petition for Binding Determination of Exemption:**

\_\_\_\_\_ Any lands which have been issued a development permit by the County for conservation areas prior to the effective date of Chapter 15, Article X, Orange County Code (10-1-87). Reference 15-380(a)(1).

\_\_\_\_\_ Any lands which have received a development order of binding vested right determination which addressed modification or alteration to conservation areas or wetlands and which was issued prior to the effective date of the effective date of Chapter 15, Article X, Orange County Code (10-1-87). Reference 15-380(a)(2).

\_\_\_\_\_ Any owner of lands which are comprised of nonwetland areas pursuant to Florida Statute 373.019(25) and Chapter 62-340, FAC.

**SUBMITTAL REQUIREMENTS: (Note: All submittals shall have the property/project boundaries delineated.)**

**Attached:**

- Processing Fee of \$588.00 (Payable to the Board of County Commissioners)
- Copies of the Development Permit or Order (see above) and any supporting documents;
- Current county aerial photographs;
- Topographical United States Geological Survey 7.5' maps;
- 100-year floodprone areas per the maps published by the Federal Emergency Management Agency;
- Soils types and boundaries per the soil conservation service;
- Information derived from Conservation Area Determination (CAD) or Zoning Land Use layer (if applicable).

**As of January 1, 2009, the attached disclosure forms are required with all permit application submittals. The forms listed below must be completed and notarized.**

- AGENT AUTHORIZATION FORM**
- RELATIONSHIP DISCLOSURE FORM-DEVELOPMENT RELATED**
- SPECIFIC EXPENDITURE REPORT FORM**

**SECTION 4**

By signing this form, I am petitioning or I am petitioning on behalf of the property owner, for a binding determination of exemption from the Conservation Ordinance of Orange County, Orange County Code, Chapter 15, Article X, , for the above stated property, according to the supporting data and other incidental information filed with this petition. I am familiar with the information contained in this petition and represent that such information is true, complete and accurate.

THE OWNER COMPLETES THE FOLLOWING:

\_\_\_\_\_  
Typed/Printed Name of Owner (If no agent is used) or Agent (If one is authorized below)

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Corporate Title if applicable)

**Please note: All original signatures required, no photocopies accepted.**

# 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 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 \_\_\_\_\_

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: \_\_\_\_\_

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

**RELATIONSHIP DISCLOSURE FORM**

**For use with development related items except  
applications in which the County is the principal or primary applicant**

This form shall be submitted to the department processing your application prior to the development-related item being considered for review and/or approval by Orange County.

In the event any information provided on this form should change, the applicant(s) should file an amended form on or before the date of project consideration before the appropriate board or body.

**IS THE APPLICANT OR ANY PERSON INVOLVED WITH YOUR PROJECT:**

- **A RELATIVE OR BUSINESS ASSOCIATE OF THE MAYOR OR MEMBER OF THE BCC?**
- **AN EMPLOYER OF THE MAYOR OR MEMBER OF THE BCC?**

**IS ANY PERSON WITH A BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR MEMBER OF THE BCC?**

**Please complete table below:**

	Applicant/Principal	Developer	Property Owner	Consultants/Attorney
Business Associate	YES/NO	YES/NO	YES/NO	YES/NO
Relative	YES/NO	YES/NO	YES/NO	YES/NO
Employer	YES/NO	YES/NO	YES/NO	YES/NO
Beneficial interest in the outcome	YES/NO	YES/NO	YES/NO	YES/NO

If you responded **yes** to any of the above questions, please state with whom and explain the relationship:

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**ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED**

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

Print Name and Title of Person completing this form: \_\_\_\_\_

\_\_\_\_\_  
Business Address (Street/P.O. Box, City and Zip Code): \_\_\_\_\_

\_\_\_\_\_  
Business Phone ( ) \_\_\_\_\_

Facsimile ( ) \_\_\_\_\_

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: \_\_\_\_\_

**ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT**

**This form should be completed in full and filed with all application submittals.  
 This form shall remain cumulative \*\* File any amendment with the department processing your application.**

**Part I**

**Please complete the following:**

Name and Address of Principal or Principal's Authorized Agent: \_\_\_\_\_

\_\_\_\_\_  
 Name and Address of Lobbyist, consultants, contractors, if any: \_\_\_\_\_

**Part II**

**Expenditures:**

An "expenditure" is defined to mean a payment, distribution, loan, advance, reimbursement, deposit, or anything of value made by a lobbyist or principal for the purpose of lobbying, as this term is defined in section 2-351, Orange County Code. The term "expenditure" does not include contributions or expenditures reported pursuant to chapter 106, FS, or federal election law, campaign-related personal services provided without compensation by individuals volunteering their time, any other contribution or expenditure made by or to a political party, or any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4). (s.112.3215, FS)

The following is a complete list of all lobbying expenditures incurred by the principal or his/her authorized agent, his/her lobbyist, and/or his/her contractors, if applicable, expended in connection with the above-referenced project or issue:

Date of Expenditure	Name of Payee	Description of Expenditure	Amount Expended
			\$
			\$
			\$
			\$
			\$
			\$
			\$

If continued on a separate sheet, please check here \_\_\_\_\_

**Total Expenditures this Report:    \$**  
**Date of this Report: \_\_\_\_\_**

I hereby certify that information provided in this specific project expenditure report is true and correct based on my knowledge and belief. I further acknowledge and agree to comply with the requirement of section 2-354 of the Orange County code to amend this specific project expenditure report for any additional expenditure incurred related to this project prior to the scheduled Board of County Commissioner meeting. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of  Principal or  Principal's Authorized Agent\*  
**(check appropriate box)**

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: \_\_\_\_\_

*\*If form is signed by the Principal's Authorized Agent, please attach the completed Agent Authorization form.*