



Environmental Protection
Division

REVISED 4/09

For E.P.D. Staff Use Only

Permit # _____

Date Received _____

Receipt No. _____

APPLICATION FOR CONSERVATION AREA DETERMINATION
(In accordance with Orange County Code Chapter 15 Article X, Wetland Conservation Areas)

Mail or Deliver To: Orange County Environment Protection Division
800 Mercy Dr.
Orlando, FL 32808
(407) 836-1400, Fax (407) 836-1499

PROCESSING FEES: Enclose a check for the filing fee payable to *The Board of County Commissioners*

- \$665.00 - Single Family
- \$875.00 - Non Single Family < 40 acres
- \$1,545.00 - Non Single Family 40 – 100 acres
- \$1,030.00 - Non Single Family each additional 100 over the first 100 acres
- \$1,180.00 – After-The-Fact CAD Single Family
- \$397.00 – Variance or Appeal

SECTION 1

OWNER(S) OF THE LAND

Name: _____

Title and Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone and Fax: _____ Email: _____

ENTITY TO RECEIVE DETERMINATION (IF OTHER THAN OWNER)

Name: _____

Title and Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone and Fax: _____ Email: _____

AGENT AUTHORIZED TO SECURE DETERMINATION

Name: _____

Title and Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone and Fax: _____ Email: _____

CONSULTANT (IF DIFFERENT FROM AGENT)

Name: _____

Title and Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone and Fax: _____ Email: _____

SECTION 2

LOCATION OF PROPERTY

Orange County Commission District: _____

Section(s) _____ Township _____ Range _____

Street Address: _____

SECTION 3

REQUIRED ATTACHMENTS: (Note: all submittals shall have the property/project boundaries delineated)

- Two (2) aerial photographs (minimum scale 1"=300')
- Soil types and boundary per NRCS
- USGS 7.5' quadrangle map
- A vegetation map using the current Florida Land Use, Cover and Forms Classification System
- Property boundary survey or tax map
- Parcel identification data for all parcels in project (This may be obtained by visiting www.ocpafl.org)
- Upon Completion of field verification by EPD, you will be required to submit four (4) copies of a certified boundary survey by a professional land surveyor to EPD for review and written approval. In addition, EPD requires a geo-referenced digital CAD file on CD
- Notarized Agent Authorization form (attached)
- Notarized Relationship Disclosure Form-Development Related (attached)
- Notarized Specific Expenditure Report form (attached)

SECTION 4

By signing this application form, I am applying or I am applying on behalf of the property owner, for the determination of wetlands on the above stated property, 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 for a wetland determination and not a permit, and that any work prior to approval of a permit is a violation. 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 determination and any permit in which this determination is used; along with the understanding a new application with appropriate filing fee will be necessary to obtain a new determination.

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: _____

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

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:

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 _____

Date of this Report: _____

Total Expenditures 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.*