



APPLICATION FOR A CONSERVATION AREA DETERMINATION

(In accordance with Orange County Code Chapter 15 Article X, Wetland Conservation Areas)

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

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

- \$685.00 - Single Family
\$901.00 - Non Single Family < 40 acres
\$1,591.00 - Non Single Family 40 - 100 acres
Non Single Family > 100 acres = \$1591.00 plus \$10.60 for each additional acre
\$1,215.00 - After-the-Fact CAD - Single Family
\$409.00 - Variance or Appeal

TOTAL PROJECT ACREAGE _____

SECTION 1

OWNER(S) OF THE LAND

Name:
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: _____

Parcel ID Nos. _____

Street Address: _____

SECTION 3

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

- An aerial photograph with the project/parcel boundary (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.ocpaf.org)
- Upon Completion of field verification by EPD, you will be required to submit at least (1) copy of a certified boundary survey signed and sealed by a professional land surveyor to EPD for review and written approval.

SECTION 4

A. 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)

B. PERSON AUTHORIZING ACCESS TO THE PROPERTY MUST COMPLETE THE FOLLOWING:

I am either the property owner described in this application or I have the 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 the Orange County Environmental Protection Division 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 such review and inspection.

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 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 _____

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: