

Name of Water Body at Project Site:

## PORT TAMPA BAY

## **ENVIRONMENTAL DEPARTMENT**

1101 Channelside Dr. Tampa, FL 33602 Ph: (813) 905-5031 · Fax: (813) 905-5050 www.tampaport.com

## MINOR WORK PERMIT APPLICATION TO PERFORM WORK IN WATERS OF THE HILLSBOROUGH COUNTY PORT DISTRICT

For Official Use Only: Application # Date Received: ☐ NEW ☐ PERMIT REVISION ☐ AFTER-THE-FACT *Permit#* SECTION I 1. MINOR WORK PERMIT APPLICATION - Project Name & Brief Project Description: 2. PROPERTY OWNER / APPLICANT INFORMATION Request to be present at site inspection Last Name: First Name: Company Name/Title: Mailing Address: State: Zip Code: Telephone Number: Email Address: 3. AUTHORIZED AGENT INFORMATION \*Separate proof of assigned Authorized Agent may need to be submitted. Request to be present at site inspection First Name: Last Name: Company Name/Title: Mailing Address: State: Zip Code: Telephone Number: Email Address: 4. CONTRACTOR INFORMATION Request to be present at site inspection Last Name: First Name: Company Name/Title: Mailing Address: Citv: State: Zip Code: Telephone Number: Email Address: SECTION II 1. LOCATION OF PROPOSED PROJECT Site Street Address: Citv: Township: \_\_\_\_\_

2.	PROPOSED USE ☐ Check box if this project IS part of a larger plan of development ☐ Private Single-Family Dwelling ☐ Private Multi-Family Dwelling (Condominium, Apartment, etc.) ☐ Commercial ☐ Industrial ☐ Other (explain):
3.	OWNER OF SUBMERGED LANDS:
	Leased Port Property or Port Easement (Check box if applicable and attach information.)
4.	PREVIOUS TAMPA PORT AUTHORITY PERMITS ISSUED FOR THIS LOCATION
	Permit Number(s) & Date of Issuance:
5.	☐ BUILD PROJECT DESCRIPTION: STRUCTURE(S) ☐ DREDGING OR EXCAVATING ☐ FILLING
	NOTE: Proposed and existing structure features and dimensions must be shown and labeled on project drawings.  M/OHW = Mean or Ordinary High Water elevation line. M/OLW = Mean or Ordinary Low Water elevation line
	A. STRUCTURES:
	ADDITION /  NEW WORK MAINTENANCE / REPLACEMENT MODIFICATION
	1) DOCK LIFT DBSERVATION DECK PIER ELEVATED BOARDWALK
	☐ TIE POLES/PILES ☐ BOAT RAMP
	a. Length of Shoreline: Linear Ft.
	b. Number of Existing Docks: # of Existing Boat Slips/Lifts: /
	c. Number of Proposed Docks: # of Proposed Boat Slips/Lifts: / /
	d. Length of Structure - M/OHW to Waterward End:  Ft. Mooring Water Depth at M/OLW:  Ft.
	e. Existing Structure Area: Sq. Ft.
	f. Proposed Structure Area: Sq. Ft.
	g. Overall Pre-empted Area: Sq. Ft.
	2) SEAWALL RIP-RAP REVETMENTS OTHER SHORELINE STABILIZATION
	a. Length of Shoreline at Site: Linear Ft.
	b. Length of Proposed Work Along Shoreline: Linear Ft.
	c. Seawall Vertical Height: Ft.
	d. Rip-Rap Slope: Horizontal Distance (Shoreline to Toe of Slope): Ft.; Vertical Height: Ft.
	e. Type of Material:
	f. Volume of Rock: Cubic Yards (At and Waterward of MHW/OHW Elevation)
	3) OTHER TYPE OF STRUCTURE(S): (Please Explain)  *For Utility Pipeline Projects: Pefer to the TPA Engineering Standards for Submerged Land Utility.

\*For Utility Pipeline Projects: Refer to the TPA Engineering Standards for Submerged Land Utility Crossing

B.	DREDGING / EXCAVATION OF SEDIMENTS			
	☐ NEW WORK	☐ MAINTENANCE		
	1) DIMENSIONS OF PROJECT AREA(S) TO BE DRED	OGED OR EXCAVATED FROM SUBMERGED LANDS:		
	a. Length: Ft. Width:	Ft.; Total Area: Sq. Ft.		
	b. Depths: Existing:	; Proposed:		
	c. Volume: Above M/OHW ; Waterw 2) STORAGE OF MATERIAL: On-site Tempora	vard of M/OHW ; Total CY ary Storage		
	Off-site Disposal Site Fa	acility Name:		
	☐ Completed PTB Supplemental Form For Dredge P Authorization from the disposal site's property owner may			
C.	FILLING (SEDIMENT)			
	1) VOLUME: Above M/OHW ; Waterw	ward of M/OHW ; Total CY		
		ward of M/OHW ; Total Sq.Ft		
	3) CONTAINMENT: Seawall   Dikes	Other (explain):		
	4) TYPE OF MATERIAL:			
	5) SOURCE OF MATERIAL:	-site:		
	☐ Completed PTB Supplemental Form For Fill Project	ects is attached.		
6. W	ORK SCHEDULE: To Begin Project On:	And Be Completed By:		
DEMAI	RKS / COMMENTS FOR PROJECT:			
	OF OTION	1 111		
PROJE	SECTION ECT SITE ADJACENT RIPARIAN PROPERTY OWNERS:			
(Please include Property Owner or Company Name, Mailing Address, Telephone Number, and Email)				
N	ame of Owner(s) or Contact Person / Title	Name of Owner(s) or Contact Person / Title		
С	ompany Name	Company Name		
M	ailing Address	Mailing Address		
С	ity; State; Zip Code	City; State; Zip Code		
T	elephone Number/Email	Telephone Number/Email		

	SECTION IV		
	FIDAVIT OF OWNERSHIP OR CONTROL of the property on which the proposed project is to be undertaken ERTIFY THAT: (Must Check the Appropriate Box)		
	I am the record owner, lessee, or record easement holder of the property described below.		
	I am <u>not</u> the record owner, lessee, or record easement holder of the property described below, but I will have the requisite property interest before undertaking the proposed project. (Please Explain in Remarks/Comments Section)		
	LEGAL DESCRIPTION OF PROJECT PROPERTY: (Attach or Use additional sheets, if necessary)		
	Print Name of Owner/Applicant Signature of Owner/Applicant		
	Sworn to and subscribed before me at County,		
	, this 20		
	Notary Public		
	My Commission Expires		
	SECTION V		
CE	RTIFICATION & AUTHORIZATION:		
а.	I authorize the agent listed in Section I to negotiate modifications or revisions, when necessary, and accept or assent to any stipulations on my behalf.		
Ο.	I understand I may have to provide any additional information/ data that may be necessary to provide reasonable assurance of evidence to show that the proposed project will comply with applicable water quality standards or other environmental standards both before construction and after the project is completed.		
Э.	In addition, I agree to provide entry to the project site for inspectors with proper identification or documents as required by law from the environmental agencies for the purpose of making preliminary analyses of the site. Further, I agree to provide entry to the project site for such inspectors to monitor permitted work, if a permit is granted.		
d.	Further, I hereby acknowledge the obligation and responsibility for obtaining <u>all</u> of the local, state and federal permits <u>before</u> commencement of any activity.		
oel	ertify that I am familiar with the information contained in this application, and that to the best of my knowledge and lief such information is true, complete, and accurate and complete. I further certify that I possess the authority to dertake the proposed activity.		
	Signature of Owner/Applicant Date		
NC	OTE: This application must be signed by the person who desires to undertake the proposed activity or by an		

NOTE: This application must be signed by the person who desires to undertake the proposed activity or by an authorized agent. If an agent is applying on behalf of the applicant who is not the property owner, attach proof of authorization for the agent from the property owner.

## PLEASE SUBMIT COMPLETED APPLICATION, REQUIRED DRAWINGS, AND REVIEW FEE(S) TO:

TAMPA PORT AUTHORITY ATTN: ENVIRONMENTAL DEPARTMENT 1101 CHANNELSIDE DR. TAMPA, FL 33602