## **Application for Permit**

(Type or Print Clearly)

## Melbourne-Tillman Water Control District

5990 Minton Road, Palm Bay, Florida 32907 321.723.7233 Fax 321.725.5933 mtwcd@melbournetillman.org

| For District Use Only                 |                   | Application No.      | PA -       |
|---------------------------------------|-------------------|----------------------|------------|
| ,                                     |                   |                      |            |
|                                       |                   | Permit No.           | MT -       |
| OWNER                                 |                   | Date of Application: |            |
| Name                                  |                   |                      |            |
| Address                               |                   |                      |            |
| City, State, Zip                      |                   |                      |            |
| Telephone                             | Fax Number        | E                    | E-mail     |
| AGENT (with letter of authorized Name | orization from OW | NER if signing for O | WNER)      |
| Address                               |                   |                      |            |
| City, State, Zip                      |                   |                      |            |
| Telephone                             | Fax Number        | E                    | E-mail     |
| ENGINEER, ARCHITECT, o                | or other TECHNICA | L REPRESENTATIO      | N (if any) |
| Address                               |                   |                      |            |
| City, State, Zip                      |                   |                      |            |
| Telephone                             | Fax Number        | E                    | E-mail     |
| CONTRACTOR Contractor required to con | tact MTWCD prior  | r to undertaking con | struction. |
| Contact Person                        |                   |                      |            |
| Address                               |                   |                      |            |
| City, State, Zip                      |                   |                      |            |
| Telephone                             | Fax Number        | E                    | E-mail     |

## APPLICATION REQUIREMENTS

Completed application form, Two (2) sets of design drawings and stormwater calculations with detail of all works for which permits are requested (along with one electronic media copy), a signed and sealed boundary survey of the site for which permit is requested.

There will be no fee for the first resubmittal that is submitted in response to the District's first Request for Additional Information (RAI). All subsequent re-submittal fees will be equal to the original permit fee (not including any additional per linear foot costs).

Permit Fees for governmental entities with reciprocal agreements will be waived.

Additional fees may be required upon MTWCD review of plans.

MTWCD Form #01 Revised 05/01, 03/03, 10/05, 06/12, 02/14, 03/18, 06/18, 09/19, 5/20, 8/20, 01/21, 3/21

| PERMIT       | FEES  |   |              |   |
|--------------|---|---|--------------|---|
| Culve        | rts, Bridges, Roadways  |   |              |   |
|              | Culvert Installations Culvert Installations   | 0-120 LF<br>Over 120 LF   |              | 750.00 each<br>800.00 each                    |
|              | Bridge – new, redesigns or<br>Box culverts  | 0-120 LF  | \$ ^         | 1,500.00 each                                 |
|              | Bridge – new, redesigns or<br>Box culverts  | Over 120 LF   | \$ 2         | 2,000.00 each                                 |
|              | 5 year flow with an upstream wa   | ox culverts. All single barrel cu<br>ter elevation no greater than 1/10 |              |   |
| Private      | e Utility Lines (Water, Sew   | ver, Re-use, Phone, Electric, Cab                                       | le, Gas, etc | .)  |
|              | Utility Crossings under/over <b>existing culverts</b> of attached to bridges                              |   |              | 750.00 + \$15.00/LF ssing in rights-of-way)   |
|              | For Sub Aqueous and Aerial<br>Utility Crossing  |   |              | 750.00 + \$15.00/LF<br>sing in rights-of-way) |
|              | Parallel Installations (for each separate item inside District's rights-of-way)                           |   |              | 750.00 + \$20.00/LF<br>sing in rights-of-way) |
| Storm        | water Outfalls or Drainage F  | Pipes   |              |   |
|              | outfalls within:  | <u></u>   |              |   |
| •            | Projects 10 acres or less   |   | \$           | 750.00 each                                   |
|              | Projects above 10 acres and les   | ss than 40 acres  |              | 1,250.00 each                                 |
|              | •   |   |              | ,750.00 each                                  |
| Misce        | Ilaneous Fees   |   |              |   |
|              | Excavation of rights-of-way mai<br>berm if required for any of the a<br>structures, and to include the re | bove permitted  | \$           | 355.00 each                                   |
|              | Temporary Access Usage  |   | \$           | 250.00 each                                   |
|              | Linear Usage (additional)   |   | \$           | 30.00/LF                                      |
|              | • , ,   |   | (\$          | 1,500.00 Minimum)                             |
|              | Satisfactory right-of-way restora   | ation   | \$           | 15.00/LF Refund                               |
| <u>Sta</u>   | ndard De-Watering Permit:   |   |              |   |
|              | Ten (10) acres or less  |   | \$           | 625.00/month                                  |
|              | Above ten (10) acres and less t   | han forty (40) acres  |              | 1,250.00/month                                |
|              | Above forty (40) acres  |   | \$           | 2,500.00/month                                |
| <u>Permi</u> | t Transfers, Inspections, and   | d Administrative Fees   |              |   |
| Tra          | nsfer of Permit   |   |              |   |
|              | □ Transfer fee  |   |              | 100.00  |
|              | Inspection by the District to dete<br>of Structure prior to transfer of p                                 |   |              |   |
| Ins          | pections of Residential Struct  | <u>ures</u>   |              |   |
|              | ☐ Five (5) year inspection for a single-family  |   |              | 50.00   |
|              | resident by District  |   |              |   |

| PERMIT REQUEST -  | PROJECT INFORMATION   |   |  |                         |  |
|---|---|---|--|-------------------------|--|
| 1. Project Name:  |   |   |  |                         |  |
| 2. Project Location Canal Number  |   | Nearest Street<br>Intersection  |  |                         |  |
| Lot   | Block   | <u>-</u>  | Subdivision  |                         |  |
| Section   | Township  |   | Range  |                         |  |
| 3. Complete descrip   | tion of all works requiring MT  | WCD permit:   |  |                         |  |
|   |   |   |  |                         |  |
| 5. How soon after receipt of permit will work commence? days How many days will be required to complete proposed work? days |   |   |  |                         |  |
| 6. Attach additional  | sheets as required.   |   |  |                         |  |
| CERTIFICATION   |   |   |  |                         |  |
| maintain the perm<br>works, or failure the<br>district. The OWN<br>damages, claims, or                                      | nitted works. Any erosion reof, shall be the responsibilities agrees to hold and saver liabilities that may arise frozed use or construction as | to or shoaling in to<br>by of the OWNER to<br>the district and<br>tom permit issuance | at the OWNER shall own, operate a the canal or flooding due to the permitt to remove, repair or correct at no cost to the its successors harmless from any and the ce. The OWNER further agrees to alter equired in the interest of future drainal | ted<br>the<br>all<br>or |  |
|   | district upon written notific   |   | may be transferred to another ent the OWNER and the new entity that sa   |                         |  |
| SIGNATURE:  |   | D <i>i</i>  | ATE:   |                         |  |
| PRINT NAME:   |   |   |  |                         |  |
| State of/   | County of   |   |  |                         |  |
|   |   |   | presence or [ ] online notarization, on this   |                         |  |
| day of  | ,2020, by   |   | ho is personally known to me or who did produce<br>dentification.  |                         |  |
| Notary Public Signature:  |   |   |  |                         |  |
|   |   |   |  |                         |  |
| My Commission Expires:  |   |   |  |                         |  |