



Class I Permit Application

FOR DEPARTMENTAL USE ONLY	
Date Received:	Application Number:
	Application Fee:

Application must be filled out in its entirety. Please indicate N/A for non-applicable fields.

1. Applicant Information: Name: <u>Daniel J. Alfonso, City Manager</u> Address: <u>444 SW 2nd Avenue</u> <u>Miami, FL</u> Zip Code: <u>33130</u> Phone #: <u>305 416-1025</u> Fax#: <u>305 416-1252</u> Email: <u>dalfonso@miamigov.com</u> <small>* This should be the applicant's information for contact purposes.</small>	2. Applicant's Authorized Permit Agent: <small>Agent is allowed to process the application, furnish supplemental information relating to the application and bind the applicant to all requirements of the application.</small> Name: <u>Jose Lago, P.E.</u> Address: <u>444 SW 2nd Avenue, 8th Floor</u> <u>Miami, FL</u> Zip Code: <u>33130</u> Phone #: <u>305 416-1252</u> Fax #: <u>305 416-2153</u> Email: <u>jlago@miamigov.com</u>
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3. Location where proposed activity exists or will occur (latitude and longitude are only necessary for properties without address or folio #):

Folio #(s): 01-3231-004-0030 Latitude: 25 Longitude: 80
 Street Address: 1737 N. Bayshore Drive Section: 31 Township: 53S Range: 42E
 In City or Town: Miami, FL 33172 Near City or Town: Miami
 Name of waterway at location of the activity: Biscayne Bay

4. Describe the proposed activity (check all that apply):

<input type="checkbox"/> Seawall	<input type="checkbox"/> Dock(s)	<input type="checkbox"/> Boatlift	<input type="checkbox"/> Dredging	<input type="checkbox"/> Mangrove Trimming
<input type="checkbox"/> New/Replacement Seawall	<input type="checkbox"/> Pier(s)	<input type="checkbox"/> Mooring Piles	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Mangrove Removal
<input type="checkbox"/> Seawall Cap	<input type="checkbox"/> Viewing Platform	<input type="checkbox"/> Fender Piles	<input type="checkbox"/> New	
<input type="checkbox"/> Batter Piles		<input type="checkbox"/> Davits	<input type="checkbox"/> Filling	
<input type="checkbox"/> King Piles				
<input type="checkbox"/> Footer/Toe Wall				
<input type="checkbox"/> Riprap				

Other: Elevated concrete walkway supported by driven piles

Estimated project cost = \$ 480,000

Are you seeking an after-the-fact approval (ATF)? Yes No If "Yes", describe the ATF work: _____

5. Proposed Use (check all that apply): <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Utility	6. If the proposed work relates to the mooring of vessels provide the following information (please also indicate if the applicant does not have a vessel): Proposed Vessel Type (s): <u>N/A</u> Vessel Make/Model (if known): <u>N/A</u> Draft (s)(range in inches.): <u>N/A</u> Length (s)(range in feet.): <u>N/A</u> Total Number of Slips: <u>N/A</u>
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7. List all permits or certifications that have been applied for or obtained for the above referenced work:

Issuing Agency	Type of Approval	Identification Number	Application Date	Approval Date

8. Contractor Information (If known):

Name: _____ License # (County/State): _____
Address: _____ Zip Code: _____
Phone #: _____ Fax #: _____ E-mail: _____

9. IMPORTANT NOTICE TO APPLICANTS: The written consent of the property owner is required for all applications to be considered complete. Your application WILL NOT BE PROCESSED unless the Applicant and Owner Consent portion of the application is completed below. You have the obligation to apprise the Department of any changes to information provided in this application.

Application is hereby made for a Miami-Dade County Class I permit to authorize the activities described herein. I agree to or affirm the following:

- I possess the authority to authorize the proposed activities at the subject property, and
- I am familiar with the information, data and plans contained in this application, and
- To the best of my knowledge and belief, the information, data and plans submitted are true, complete and accurate, and
- I will provide any additional information, evidence or data necessary to provide reasonable assurance that the proposed project will comply with the applicable State and County water quality standards both during construction and after the project is completed, and
- I am authorizing the permit agent listed in Section 2 of this application to process the application, furnish supplemental information relating to this application and bind the applicant to all requirements of this application, and
- I agree to provide access and allow entry to the project site to inspectors and authorized representatives of Miami-Dade County for the purpose of making the preliminary analyses of the site and to monitor permitted activities and adherence to all permit conditions.

A. IF APPLICANT IS AN INDIVIDUAL


Signature of Applicant _____ Print Applicant's Name _____ Date _____

B. IF APPLICANT IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON

(Examples: Corporation, Partnership, Trust, LLC, LLP, etc.)

Print Name of Applicant (Enter the complete name as registered) _____ Type (Corp, LLC, LLP, etc.) _____ State of _____
Registration/Incorporation

Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Applicant, to bind the Applicant, and if so required to authorize the issuance of a bond on behalf of the Applicant. (If asked, you must provide proof of such authority to the Department). *****Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements or other applicable agreements or laws, you must attach additional signature pages.*****

 Daniel J. Alfonso _____ City Manager _____ 9-16-16 _____
Signature of Authorized Representative Print Authorized Representative's Name Title Date

C. IF APPLICANT IS A JOINT VENTURE Each party must sign below (If more than two members, list on attached page)

Print Name of Applicant (Enter the complete name as registered) _____ Type (Corp, LLC, LLP, etc.) _____ State of _____
Registration/Incorporation

Print Name of Applicant (Enter the complete name as registered) _____ Type (Corp, LLC, LLP, etc.) _____ State of _____
Registration/Incorporation

Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Applicant, to bind the Applicant, and if so required to authorize the issuance of a bond on behalf of the Applicant. (If asked, you must provide proof of such authority to the Department). *****Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages.*****

Signature of Authorized Representative _____ Print Authorized Representative's Name _____ Title _____ Date _____

Signature of Authorized Representative _____ Print Authorized Representative's Name _____ Title _____ Date _____

10. WRITTEN CONSENT OF THE PROPERTY OWNER OF THE AREA OF THE PROPOSED WORK

I/We are the sole owner(s) of the real property located at 1635 N. Bayshore Dr. Miami, Florida
 County, Florida, otherwise identified in the public records of Miami-Dade County as Folio No. 01-3231-036-0022

I am aware and familiar with the contents of this application for a Miami-Dade County Class I Permit to perform the work on or adjacent to the subject property, as described in Section 4 of this application. I possess the riparian rights to the area of the proposed work (if applicable) and hereby consent to the work identified in this Class I Permit application.

A. IF THE OWNER(S) IS AN INDIVIDUAL.

Signature of Owner	Print Owner's Name	Date
Signature of Owner	Print Owner's Name	Date

B. IF THE OWNER IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON.

(Examples: Corporation, Partnership, Joint Venture, Trust, LLC, LLP, etc.)

Micamar Marina Corp. Corp. FL
 Print Name of Owner (Enter the complete name as registered) Type (Corp, LLC, LLP, etc.) State of Registration/Incorporation
1 Bayfront Plaza, Suite 900, 100 S. Biscayne Blvd, Miami, FL
 Address of Owner

Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Owner, to bind the Owner, and if so required to authorize the issuance of a bond on behalf of the Owner. (If asked, you must provide proof of such authority to the Department). *****Please Note: If additional signatures are required pursuant to your corporate documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages.*****

Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date
			9-20-16
Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date

Please Review Above

Appropriate signature(s) must be included in:
 Box 9: either A, B or C
AND
 Box 10: either A or B