



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>City of Miami c/o Daniel Rotenberg</u> Address: <u>444 SW 2nd Ave, 3rd Floor</u> <u>Miami, Florida</u> Zip Code: <u>33130</u> Phone #: <u>305-416-1458</u> Fax#: <u>305-416-1019</u> Email: <u>drotenberg@miami.gov</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>Colin Henderson, T.Y. Lin International</u> Address: <u>201 Alhambra Circle, Suite 900</u> <u>Coral Gables, Florida</u> Zip Code: <u>33134</u> Phone #: <u>305-714-4037</u> Fax #: <u>305-567-1771</u> Email: <u>colin.henderson@tylin.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): <u>01-4217-000-0030</u>	Latitude: <u>25.744122</u> Longitude: <u>-80.171008</u>
Street Address: <u>3501 Rickenbacker Causeway, Virginia Key</u>	Section: <u>17</u> Township: <u>54S</u> Range: <u>42E</u>
In City or Town: <u>Miami</u>	Near City or Town: _____
Name of waterway at location of the activity: <u>Biscayne Bay</u>	

4. Describe the proposed activity (check all that apply):	
<input checked="" type="checkbox"/> Seawall <input checked="" type="checkbox"/> New/Replacement Seawall <input type="checkbox"/> Seawall Cap <input type="checkbox"/> Batter Piles <input type="checkbox"/> King Piles <input type="checkbox"/> Footer/Toe Wall <input checked="" type="checkbox"/> Riprap <input checked="" type="checkbox"/> Other: <u>Boat Ramp Reconstruction</u>	<input checked="" type="checkbox"/> Dock(s) <input type="checkbox"/> Pier(s) <input type="checkbox"/> Viewing Platform <input type="checkbox"/> Boatlift <input type="checkbox"/> Mooring Piles <input type="checkbox"/> Fender Piles <input type="checkbox"/> Davits <input type="checkbox"/> Dredging <input type="checkbox"/> Maintenance <input type="checkbox"/> New <input type="checkbox"/> Filling <input type="checkbox"/> Mangrove Trimming <input type="checkbox"/> Mangrove Removal
Estimated project cost = \$ <u>1.1 million</u>	
Are you seeking an after-the-fact approval (ATF)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>Recreational / transient</u> Vessel Make/Model (If known): <u>N/A</u> Draft (s)(range in inches.): <u>12" - 24"</u> Length (s)(range in feet.): <u>12' - 25'</u> Total Number of Slips: <u>8</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
FDEP/USACE	ERP/SP	13-306513-011/SAJ-2011	Mar. 6, 2108	Nov. 28, 2018/Pend

8. Contractor Information (If known):

Name: N/A 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
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B. IF APPLICANT IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON

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

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

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 Rotenberg	Director	3/8/19
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) Registration/Incorporation	Type (Corp, LLC, LLP, etc.)	State of
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Print Name of Applicant (Enter the complete name as registered) Registration/Incorporation	Type (Corp, LLC, LLP, etc.)	State of
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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
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Signature of Authorized Representative	Print Authorized Representative's Name	Title	Date
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10. WRITTEN CONSENT OF THE PROPERTY OWNER OF THE AREA OF THE PROPOSED WORK

I/We are the fee simple owner(s) of the real property located at 3501 Rickenbacker Causeway, Virginia Key Miami-Dade County, Florida, otherwise identified in the public records of Miami-Dade County as Folio No. 01-4217-000-0030

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.)

City of Miami _____ Government _____ Florida _____
Print Name of Owner (Enter the complete name as registered) Type (Corp, LLC, LLP, etc.) State of Registration/Incorporation

444 SW 2nd Ave, 3rd Floor, Miami, Florida 33130

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 governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages.*****

 Daniel Rotenberg Director 5/8/19
Signature of Authorized Representative Print Authorized Representative's Name Title Date

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