

LOXAHATCHEE GROVES WATER CONTROL DISTRICT
P. O. BOX 407
LOXAHATCHEE, FLORIDA 33470
PHONE: (561) 793-0884
FAX: (561) 795-6157

FOR LGWCD USE ONLY:
DATE RECEIVED: _____
LGWCD PERMIT NO.: _____
CHECK NO.: _____ \$ _____

PERMIT APPLICATION
TO CONDUCT ACTIVITIES IN DISTRICT RIGHT-OF-WAY
(TYPE OR PRINT LEGIBLY IN BLACK INK)

1. Project Name/Description: _____

Project Address: _____

Type: () Drainage () Irrigation () Roadway () Bridge () Culvert () Modifications

Right-of-Way Encroachment: () Fence/Gate () Sign () Other

If other, explain: _____

2a. Nearest road intersection: _____

Section: _____ Township: _____ Range: _____ Property Control No.: _____

2b. Receiving/adjacent canal(s): _____

2c. Project Acreage: _____

3. Consulting Firm (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Fax: _____ Job No.: _____

Project Engineer: _____ Phone: _____

4. Applicant: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

5. Owner: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I hereby certify that I am an authorized agent of the Owner (print name): _____

_____ Date: _____

(Signature)

Project Name/Description: _____

Project Address: _____

CHECK ITEMS ENCLOSED WITH PERMIT APPLICATION:

PRIOR TO SUBMITTING ANY PERMIT APPLICATION, THE APPLICANT MUST SCHEDULE AND ATTEND A "PRE-APPLICATION" MEETING WITH THE DISTRICT ENGINEER. FAILURE TO DO SO COULD RESULT IN REJECTION OF THE APPLICATION AND FORFEITURE OF THE APPLICATION FEE.

- () Two (2) sets of signed & sealed paving and drainage plans or 11" x 17" sketch as directed by the District Engineer.
- () One (1) set of the final site plan if required.
- () One (1) set of the recent property boundary survey or (if applicable) preliminary plat.
- () One (1) set of signed & sealed calculations for the 10-year and 100-year, 3-day storm events.
NOTE: The allowable discharge based on C-51 Basin delineation is 27 CSM.
- () Control structures shown on the detail sheet of plans shall be a fixed metal plate, screw gate, or combination of both; or as otherwise required per South Florida Water Management District criteria at the time of application. All dimensions shall be shown on plans.
- () Discharge pipe and/or headwall shown on detail sheet shall meet LGWCD and FDOT specifications.
- () Existing canal cross section with design overlay.*
- () Proof of ownership (copy of deed or tax bill).
- () A copy of business incorporation papers, if the property is owned by a business.
- () Standard permit forms signed and notarized.
- () Supplemental Conditions form signed if required.
- () Check for application/inspection/recording fees.

* Design canal sections provided by LGWCD are for drafting purposes only. Field verification of actual canal work needed may be required. Deviation from the design section may occur only with prior approval from LGWCD authorized personnel.

- NOTE:
1. LGWCD may require right-of-way adjacent to LGWCD existing right-of-way by quit claim or non-exclusive perpetual easement deed.
 2. Minimum bleeder size shall be a 6" x 6" inverted triangular orifice.
 3. Construction dewatering will require separate LGWCD approval prior to discharge into its system.
 4. If discharge is directed to a road or other separate system, proof of acceptance from that entity (public and/or private) must be provided.
 5. If on-site retention is proposed, supporting calculations shall be submitted for review. The project must provide sufficient drainage capacity for the 10-year, 3-day storm event.

The APPLICANT hereby attaches a check payable to LGWCD for the application fee and further agrees to pay all other costs incurred by LGWCD in reviewing this application. The APPLICANT hereby certifies that the owner is the fee simple owner of the property adjacent to the District's right-of-way and gives authorization to LGWCD to file a lien on said property for any and all costs, should they not be paid. The APPLICANT understands these costs are to be paid whether the permit is approved or denied.

(SIGNATURE OF APPLICANT)

DATE

APPROVAL

(DO NOT WRITE BELOW THIS LINE)

DATE: _____

DISTRICT ADMINISTRATOR