

APPLICATION NO.
PERMIT NO.
For District Use Only

**APPLICATION FOR STORMWATER MANAGEMENT PERMIT**  
CENTRAL BROWARD WATER CONTROL DISTRICT

TO: Board of Commissioners  
Central Broward Water Control District  
8020 Stirling Road  
Hollywood, Florida 33024  
Phone: (954) 432-5110  
Fax: (954) 432-8603

TYPE OF PERMIT REQUESTED:  Plat  New Stormwater Management (SWM) Permit  
 Modification of Existing SWM Permit  SWM Permit Renewal  Work within District Right-of-Way

PROJECT TITLE \_\_\_\_\_

STREET ADDRESS (if known) \_\_\_\_\_

LOCATION: 1/4 Section \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Basin (E or W) W  
Plat Book \_\_\_\_\_ Page \_\_\_\_\_ Folio Number(s) \_\_\_\_\_

PURPOSE \_\_\_\_\_ ZONING \_\_\_\_\_  
(Residential, Agricultural, Commercial, etc.)

JURISDICTION \_\_\_\_\_ COMMISSION ZONE: 1  
(City of..., Town of..., etc.) To locate zone, go to: <http://centralbrowardwcd.org/zones/>

PROJECT SIZE (Acres) \_\_\_\_\_ Total Acres (Per Survey) \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

FINANCIAL RESPONSIBILITY FOR BILLING \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

PROJECT ENGINEER \_\_\_\_\_  
AGENCY CORPORATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

PROPOSED RESPONSIBLE OPERATION & MAINTENANCE ENTITY AFTER CONSTRUCTION  
\_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

PROJECT IS:  PROPOSED  EXISTING  TO BE MODIFIED

PROJECT CONSTRUCTION TO BE PHASED Y  N  LAKE/POND EXISTING ON SITE  Y  N

DATE CONSTRUCTION/ALTERATION IS EXPECTED TO START \_\_\_\_\_  
& TO BE COMPLETED \_\_\_\_\_

RECEIVING WATERS FOR PROJECT DRAINAGE AND/OR EXISTING DRAINAGE SYSTEM  
JURISDICTIONAL AUTHORITY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: To be considered a complete permit application, this form must be attached to the affidavit of ownership and the supporting documentation required by the Stormwater Management Regulations, Standards, Procedures, and Design Criteria manual of the Central Broward Water Control District, latest edition. **Construction of this project must be commenced within 18 months from the date of approval; otherwise, a new stormwater management permit application and permit application fee must be submitted for review and approval by Central Broward Water Control District.**

DESCRIBE IN GENERAL TERMS THE PROPOSED PROJECT, SYSTEM, OR ACTIVITY; INCLUDING PROPOSED USE OF DISTRICT RIGHT-OF-WAY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[If the owner or applicant is a non-individual entity required by statute or rule to register with the State of Florida Secretary of State, it must be registered, and the person signing the application must have the legal authority to bind the entity with the terms, conditions, and liabilities associated with such application and subsequent permit, if issued. Further, any such entity must maintain their registration with the State of Florida Secretary of State for the duration of the permitted activities.]

By signing this application form, I am applying for the permit according to the supporting data and other incidental information filed with this application. I am familiar with the information contained in this application and represent that such information is true, complete and accurate. I agree to provide entry to the project site for employees of the Central Broward Water Control District and employees of the District Engineer's company with proper identification or documents from the Central Broward Water Control District for the purpose of making preliminary on-site analyses. Further, I agree to provide entry to the project site for such employees to monitor permitted work if a permit is granted. I understand this is an application and not a permit, and that work prior to approval is a violation. I understand that this application and any permit issued pursuant thereto does not relieve me of any obligation for obtaining any other required federal, state, water management district, or local permit prior to commencement of construction. I agree to operate and maintain the permitted system unless the District authorizes transfer of the permit to a responsible operation entity.

Owner \_\_\_\_\_  
(signature) (printed name)

**Or**

Applicant or Authorized Agent \_\_\_\_\_  
(signature) (printed name)

(Complete the Agent Authorization section on page 7 of 8

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**FOR AN INDIVIDUAL ACTING IN HIS OR HER OWN RIGHT, ANY PUBLIC OFFICER,  
TRUSTEE, OR PERSONAL REPRESENTATIVE:**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical  
presence or  online notarization, this \_\_\_\_\_ by  
*(Date)*

\_\_\_\_\_, for  
*(Name of Officer, Trustee, Attorney in fact)*

\_\_\_\_\_. He/She is personally  
*(Name of party on behalf whom the instrument is being executed)*

known to me  or has produced \_\_\_\_\_ as  
*(Type of Identification)*

identification.

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Name typed, printed or stamped)

\_\_\_\_\_  
(Title or rank)

\_\_\_\_\_  
(Serial number, if any)

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**FOR A CORPORATION:**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ by \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_ a \_\_\_\_\_ of \_\_\_\_\_ corporation, on behalf of the corporation. He/She is personally known to me  or has produced \_\_\_\_\_ as identification.

(Date)  
(Name of Member, Manager, Officer or Agent)      (Title of Member, Manager, Officer or Agent)  
(Name of Corporation Acknowledging)      (State or Place of Formation)  
(Type of Identification)

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Name typed, printed or stamped)

\_\_\_\_\_  
(Title or rank)

\_\_\_\_\_  
(Serial number, if any)

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**FOR A LIMITED LIABILITY COMPANY:**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ by \_\_\_\_\_  
(Date)  
\_\_\_\_\_, \_\_\_\_\_ of  
(Name of Member, Manager, Officer or Agent) (Title of Member, Manager, Officer or Agent)  
\_\_\_\_\_ a \_\_\_\_\_  
(Name of Company Acknowledging) (State or Place of Formation)

Limited Liability Company, on behalf of the company, who is personally known to me  or who has produced \_\_\_\_\_ as  
(Type of Identification)  
Identification.

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Name typed, printed or stamped)

\_\_\_\_\_  
(Title or rank)

\_\_\_\_\_  
(Serial number, if any)

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**FOR A PARTNERSHIP:**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ by \_\_\_\_\_, partner (or agent) on behalf of \_\_\_\_\_ a partnership.

(Date)

(Name of Partner or Agent)

(Name of Partnership)

He/She is personally known to me  or has produced \_\_\_\_\_ as identification.

(Type of Identification)

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Name typed, printed or stamped)

\_\_\_\_\_  
(Title or rank)

\_\_\_\_\_  
(Serial number, if any)

AFFIDAVIT AS TO OWNERSHIP OF PROPERTY

STATE OF FLORIDA )  
 )ss.  
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority personally appeared \_\_\_\_\_, who, after being duly sworn, deposes and states the following:

1. That I am the \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_.
2. That I am authorized to sign this affidavit regarding ownership of the property described herein by \_\_\_\_\_.
3. That \_\_\_\_\_ is the owner of real property lying, being, and situated in Broward County, Florida, in the geographical boundaries of the Central Broward Water Control District, a political subdivision of the State of Florida.
4. That the legal description of the aforestated property is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. That the following individuals or entities are holding mortgages, liens, leases or other encumbrances affecting the aforescribed property (List name, address, and description of encumbrance): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. That no other individuals or entities have any ownership interest in the above-described real property except for those named herein and signing this affidavit.
7. That the undersigned acknowledges that the Central Broward Water Control District has or will be relying on the contents of this affidavit regarding the ownership of the aforescribed property and encumbrances thereon in the preparation of permits, maintenance agreements and other agreements which have been or will be entered into between the owner(s) and the Central Broward Water Control District.
8. That the owner(s) will be developing the property described herein and until the improvements on this property have been completed and accepted by the Central Broward Water Control District, the undersigned acknowledges that they will notify the Central Broward Water Control District of any changes in ownership of the property described herein within five (5) days of such change in ownership.
9. That the undersigned acknowledges that this affidavit may be recorded in the Public Records of Broward County, Florida and that prior to the acceptance of any improvements constructed on the property described herein, the owner and its successors, assigns, and grantees shall keep the Central Broward Water Control District notified of the status of ownership of this property.



FURTHER AFFIANT SAYETH NAUGHT.

IN WITNESS WHEREOF, \_\_\_\_\_, as the  
\_\_\_\_\_ of \_\_\_\_\_,  
the owner of the property described herein have hereunto set their hand(s) and seal(s) the \_\_\_\_day  
of \_\_\_\_\_, 20\_\_\_\_\_.

Signed, sealed, and delivered  
In the presence of:

OWNER

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
By: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or   
online notarization, this \_\_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_\_by (name of  
person making statement)\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public – State of  
Florida

\_\_\_\_\_  
Print, Type of Stamp Commissioned Name  
of Notary Public

\_\_\_\_\_  
Personally Known

\_\_\_\_\_  
Produced Identification

Type of Identification Produced \_\_\_\_\_

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AGENT AUTHORIZATION SECTION

AGENT'S NAME \_\_\_\_\_  
COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

I authorize the agent listed above to negotiate modifications or revisions, when necessary, and accept or assent to any stipulations on my behalf.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Owner's Name \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Agent's Name \_\_\_\_\_

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**FOR AN INDIVIDUAL ACTING IN HIS OR HER OWN RIGHT, ANY PUBLIC OFFICER,  
TRUSTEE, OR PERSONAL REPRESENTATIVE:**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical  
presence or  online notarization, this \_\_\_\_\_ by  
(Date)

\_\_\_\_\_, for  
(Name of Officer, Trustee, Attorney in fact)

\_\_\_\_\_. He/She is personally  
(Name of party on behalf whom the instrument is being executed)

known to me  or has produced \_\_\_\_\_ as  
(Type of Identification)

identification.

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Name typed, printed or stamped)

\_\_\_\_\_  
(Title or rank)

\_\_\_\_\_  
(Serial number, if any)

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**FOR A CORPORATION:**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ by  
(Date)

\_\_\_\_\_, \_\_\_\_\_ of  
(Name of Member, Manager, Officer or Agent) (Title of Member, Manager, Officer or Agent)

\_\_\_\_\_ a \_\_\_\_\_  
(Name of Corporation Acknowledging) (State or Place of Formation)

corporation, on behalf of the corporation. He/She is personally known to me  or has produced \_\_\_\_\_ as identification.  
(Type of Identification)

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Name typed, printed or stamped)

\_\_\_\_\_  
(Title or rank)

\_\_\_\_\_  
(Serial number, if any)

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**FOR A LIMITED LIABILITY COMPANY:**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ by \_\_\_\_\_  
(Date)  
\_\_\_\_\_, \_\_\_\_\_ of  
(Name of Member, Manager, Officer or Agent) (Title of Member, Manager, Officer or Agent)  
\_\_\_\_\_ a \_\_\_\_\_  
(Name of Company Acknowledging) (State or Place of Formation)

Limited Liability Company, on behalf of the company, who is personally known to me  or who has produced \_\_\_\_\_ as  
(Type of Identification)  
Identification.

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Name typed, printed or stamped)

\_\_\_\_\_  
(Title or rank)

\_\_\_\_\_  
(Serial number, if any)

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**FOR A PARTNERSHIP:**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ by \_\_\_\_\_, partner (or agent) on behalf of \_\_\_\_\_ a partnership.

(Date)

(Name of Partner or Agent)

(Name of Partnership)

He/She is personally known to me  or has produced \_\_\_\_\_ as identification.

(Type of Identification)

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Name typed, printed or stamped)

\_\_\_\_\_  
(Title or rank)

\_\_\_\_\_  
(Serial number, if any)