Print Form

OPERATING PERMIT APPLICATION

LEON COUNTY DEVELOPMENT SUPPORT & ENVIRONMENTAL MANAGEMENT
435 NORTH MACOMB STREET, 2ND FLOOR
TALLAHASSEE, FL 32301
(850) 606-1300

DATE RECEIVED: _____

☐ OPERATING PERMIT

☐ OPERATING PERMIT AMENDMENT

☐ MAINTENANCE OF UNCOMPLIMENTARY LAND USE BUFFERS & NATURAL OR PLANTED NATURAL LANDSCAPE AREAS

PARCEL TAX ID NUMBER(S)

_____

_____

INSTRUCTIONS

If requesting Operating Permit, and stormwater is received from (one) developed parcel, complete Section 1.

If requesting Operating Permit, and stormwater is commingled from multiple parcels not under single ownership subdivision or Master Plan Permit, complete Section 2.

All applicants are required to complete Section 5.

All applicants, with or without stormwater, with required landscape buffers, pre-development vegetation or planted natural areas, complete Section 7.

SECTION 1 (STORMWATER FROM ONE PARCEL)

1. Name of development/business located at this site:

_____

2. Name of development as shown on Environmental Management Permit:

_____

3. Environmental Management Permit Number:

_____

4. Impervious area actually constructed:

_____

5. Name(s), address and telephone number(s) of present owner(s) as shown on deed:

_____

_____

_____

_____

6. Tax parcel number(s) of parcel(s) contributing stormwater to the stormwater facility:

_____

_____

7. Provide narrative description of facilities to be permitted:

_____

_____

_____

8. Attach map of the site which indicates:

   a. The street/road location of the site;
   b. The location in the watershed;
   c. The limits of the parcels contributing stormwater to the facility;
   d. The acreage contributing runoff to each stormwater facility;
   e. The name and address of current owners of all parcels on which stormwater facilities are located.

9. Provide Stormwater Management Facility Operation and Maintenance Plan.

10. Complete the attached Capacity Accounting Record.

SECTION 2 (STORMWATER COMMINGLED)

1. Name of development located at this site:

   _____

2. Name of development as shown on Environmental Management Permit:

   _____

3. Environmental Management Permit Number: _____

   Parcel Number_____

4. Square feet of impervious area permitted to drain to each stormwater facility:

   _____

5. Impervious area actually constructed:

   _____

6. Name and address of Stormwater Management Facility Property Owners Association:

   _____

   _____

   _____

7. Officers:

   Name: _____

   Address: _____ Telephone_____

   Name: _____

   Address: _____ Telephone_____

   Name: _____

   Address :_____ Telephone_____

   Name: _____

   Address: _____ Telephone_____

8. Attach a list of all Property Owners Association members with address, telephone number, and tax parcel number of each member's lot.

9. Attach evidence of current corporate registration filed with the Division of Corporations, Florida Department of State.

10. Attach Articles of Incorporation and bylaws of the Property Owners Association.

11. Provide narrative description of facilities to be permitted.

12. Attach map of the site which indicates:

    a. The street/road location of the site;
    b. The location in the watershed;
    c. The limits of the parcels contributing stormwater to the facility;
    d. The acreage contributing runoff to each stormwater facility;
    e. The name and address of current owners of all parcels on which stormwater facilities are located.

13. Complete the attached Stormwater Management Facility Operation and Maintenance Plan.

14. Complete the attached Capacity Accounting Record.

SECTION 5

1. Name of person submitting application: _____

2. Person to contact regarding this application:

   Name: _____

   Address: _____

   Email: _____

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3. Declaration of Owner/Entity Responsible for Facility Maintenance:

   a. I agree to implement the Stormwater Management Facility Operation and Maintenance Plan approved with this permit.

   b. I agree to maintain a Stormwater Management Facility Capacity Accounting Record, if required.

   c. I understand that the Operating Permit granted by Leon County for this Stormwater Management Facility expires in three years and that application for renewal must be submitted at least three months, but not sooner than six months, prior to expiration (see permit document for actual expiration date).

   d. I understand that the Stormwater Management Facility must pass a maintenance inspection performed by Leon County prior to renewal of the Operating Permit.

   e. I understand that the Operating Permit must be amended in the event property ownership changes or if the maintenance entity changes.

_____	_____
Signature	Date
_____	_____
Typed or Printed Name	Title (as it relates to authority to execute this document)

STORMWATER MANAGEMENT FACILITY OPERATION AND MAINTENANCE PLAN
(Include with Sections 1 and 2 of Application)

1. Individual who shall be designated Facility Operator and who shall be responsible for day-to-day operation, maintenance, and management of the stormwater facilities.

   Name: _____

   Address: _____ Telephone Number(s) _____

2. Explain how this person will be supervised.

   _____

   _____

   _____

   _____

   _____

3. Explain how funding is to be provided for employment of Facility Operator and for implementation of this Operation and Maintenance Plan.

   _____

   _____

   _____

   _____

4. Provide an Operation and Maintenance outline specifying operating procedures and possible required facility adjustment, routine, intermittent, and annual maintenance, including exercising of valves, cleaning of weirs and trash racks, mowing, dredging, replacing filter media and under drains as applicable, and all other activities required to ensure that the facility performs as designed. Such outline must include estimates of equipment required, man hours, crew size, schedules, and an estimate of long-term annual cost.

STORMWATER MANAGEMENT FACILITY CAPACITY ACCOUNTING RECORD

This record must be updated each time a new parcel is permitted to utilize this stormwater management system, and the record may be requested by the County when considering approval of future permits.

1. Total Capacity of System: _____

2. Capacities dedicated to individual sites:

Site Name/Parcel Number	Capacity Used
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Remaining Total Capacity: _____

4. Certification by:

   Name: _____

   Date: _____

MAINTENANCE GUIDELINES FOR REQUIRED LANDSCAPE BUFFERS RELATED TO UNCOMPLIMENTARY LAND USE AND NATURAL OR PLANTED NATURAL LANDSCAPE AREAS

1. Provide detailed horticultural and arboricultural guidelines necessary to maintain required landscape plantings, fencing, berms, and embankments where applicable, for all landscape, buffer and natural areas consistent with the approved permit (Sections 10-4.345(c), 10-4.348(b)).

2. Individual who shall be designated responsible for the day-to-day operation, maintenance and management of the required landscape areas:

Name: _____

Address: _____

Telephone: _____