

## LAND ALTERATION PERMIT APPLICATION

OFFICE USE ONLY	LA# _____
Roadway Use Fee _____(Date)	
Commercial and Driveway Permit _____(Date)	
Reclamation Bond Received _____(Date)	
St. John's River Water Management District Permit _____(Date Issued)	

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Applicant (if not owner): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### CONSTRUCTION SITE ADDRESS:

Parcel Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_ Zoning: \_\_\_\_\_

Parcel size (acres) \_\_\_\_\_ Size of Alteration (acres) \_\_\_\_\_

Water Depth of Excavation (feet) \_\_\_\_\_

Total size of filled areas (acres) \_\_\_\_\_

Names and addresses of all land owners whose property is contiguous to the subject property. Include the zoning classification for each property. Provide map showing locations and ownership.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Excavator/Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor License # \_\_\_\_\_

Surveyor: \_\_\_\_\_ Phone: \_\_\_\_\_

Certification/License # \_\_\_\_\_

Professional Engineer (Civil/Environmental): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License # \_\_\_\_\_

Roads to be used for hauling purposes:

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

**The fee for the Land Alteration Permit Application is \$1,600 + \$75/acre or fraction thereof.**

All checks/money orders must be made payable to:

Brevard County Board of County Commissioners

