

SUBMITTAL REQUIREMENTS:

FEE OF \$9,670.00	OWNER'S AFFIDAVIT (ORIC	SINAL) 3 COPIES O	F PROCEDURES MANUAL
Color documents should a	lso be submitted in electronic form	in one of the following formation	ats: .tif, .pdf, .jpeg, or .bmp.

INFORMATION TO BE	Application Number:	
COMPLETED BY STAFF:	Date Received:	
INFORMATION TO BE COMPLETED	BY APPLICANT:	
Type of General Permit Applied for:	Utility General Permit	
	Government Facilities Maintenance Permit	
Name of Agency, Department, Division or Utility	/:	
Telephone Number:		
Address: (Street)		
(City)	(State) (Zip code)	
Contact Person:	Telephone Number:	
E-Mail Address:		
List Specific Types of Activities To Be Performe	d Under This Permit:	
(Attach Additional Pages as Necessary)		
Applicant signature	Date	
Applicant signature	Date	

Growth Management Department | Land Use & Environmental Services Division | Phone: (850) 891-7001, option 4 | Fax: (850) 891-7184 Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street, Box B 28, Tallahassee, FL 32301