ENVIRONMENTAL PROTECTION AND GROWTH MANAGEMENT DEPARTMENT – Water Resources Division
Mailing Address: 115 South Andrews Avenue, Room A - 240 • Fort Lauderdale, Florida 33301 •
TEL 954-519-1270 • FAX 954-519-1496

SURFACE WATER MANAGEMENT LICENSE APPLICATION

Please consult Chapter 27, Broward County Code of Ordinances [Section 27-199 (c) (2)] for specific requirements needed to provide a complete application. Copies of these regulations are available upon request. Many projects also require approval by other State, Federal and Local agencies.
Please submit a CD containing this form, supporting documents and plans as electronic files in addition to paper copies.

Type of License (check ONE): [ ] General [ ] Conceptual [ ] Conceptual Concurrent with DRI
[ ] SWM [ ] SWM Modification to Permit No. _____

Project Information:
Project Title: _____
Project Address: _____
Land use type (residential, commercial, etc.): _____
Location: Section _____ Township _____ Range _____
Project Acres: _____ Acres of Impervious _____ Total Acres, per Survey: _____
BCPA Folio Number(s): _____

Property Owner Information:
Name: _____
Address: _____
_____
Contact Name (if different from Owner):
_____ Phone: _____

System Designer:
Firm Name: _____
Address: _____
_____
Engineer of Record: _____ Phone: _____

Who will be responsible for the Surface Water Management system after construction?

_____
(Name of Person or Entity)

Owner/Agent Name (print):

_____

Owner/Agent Signature:

_____
(If Agent – written authorization must be attached)

STATE OF FLORIDA)

COUNTY OF _____)

Before me personally appeared _____
as _____
of _____
to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged to and before me that _____ executed said instrument for the purpose expressed.

WITNESS my hand and official seal this _____ day of _____, _____

_____
NOTARY PUBLIC, STATE OF FLORIDA

My commission expires: _____