



**HOME OF PELICAN ISLAND**  
BUILDING DEPARTMENT  
1225 MAIN STREET • SEBASTIAN, FLORIDA 32958  
TELEPHONE: (772) 589-5537 • FAX (772) 589-2566

**APPLICATION FOR COMMERCIAL LAND CLEARING**

**TRACKING #:** \_\_\_\_\_ **PERMIT #:** \_\_\_\_\_ **REC'D BY** \_\_\_\_\_

**DEVELOPMENT OR SUBDIVISION:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**NUMBER OF ACRES:** \_\_\_\_\_

**OWNER OF PROPERTY:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**GENERAL CONTRACTOR:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

**LAND CLEARING CONTRACTOR:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

**PURPOSE FOR LAND CLEARING:** \_\_\_\_\_

I certify that all the foregoing information is accurate and that all work will be done in compliance with the Land Development Code (Article XIV).

**CONTRACTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

STATE OF FLORIDA

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

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 200\_\_

By \_\_\_\_\_ Personally known \_\_\_\_\_ or  
Notary Public, State of Florida Produced Identification \_\_\_\_\_ Type of identification produced. \_\_\_\_\_

I have received a copy of “**Commercial and Subdivision Site Preparation Policies and Procedures**”  
Contractors Signature: \_\_\_\_\_

**APPLICATION FOR DEWATERING SUB-PERMIT IN THE CITY OF SEBASTIAN**

This sheet is part of the application for commercial land clearing for permission to perform dewatering work within the City of Sebastian in accordance with terms and conditions as set forth by the City Engineering Department. **ALL DEWATERING ACTIVITIES WITHIN CITY LIMITS WILL REQUIRE A PERMIT.**

Please provide a sketch / plan of the proposed work that includes a brief but clear description of the work to be performed and its general purpose. The sketch / plan needs to include an address and description of the location.

Contractor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
License Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Phone No.'s Office Tel. \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail \_\_\_\_\_

Location and Description of Work: \_\_\_\_\_  
\_\_\_\_\_

This Water Discharge will impact and/or affect a:  
Front Swale \_\_\_\_\_ Side Ditch \_\_\_\_\_ Rear Ditch / Channel \_\_\_\_\_ Culvert \_\_\_\_\_ Canal \_\_\_\_\_ Seawall \_\_\_\_\_  
Other: \_\_\_\_\_

Does work require a St. Johns River Water Management District Permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Date of Completion: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Engineering Use Only:  
\_\_\_\_\_  
\_\_\_\_\_  
Pre- Construction Inspection: \_\_\_\_\_ Date: \_\_\_\_\_  
Final Inspection: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION MUST INCLUDE THE FOLLOWING DOCUMENTATION AND OUTSIDE AGENCY APPROVALS AS APPLICABLE. DOCUMENTATION THAT IS ALREADY ON FILE WITH GROWTH MANAGEMENT DEPARTMENT DURING SITE PLAN APPROVAL NEED NOT BE RESUBMITTED:**

- \_\_\_ Proof of ownership or recorded warranty deed
- \_\_\_ Site Plan Approval from City of Sebastian Growth Management Department
- \_\_\_ Dewatering Permit Application as needed
- \_\_\_ Tree Survey showing all existing trees. Indicate which trees are to be preserved, removed and/or relocated on the survey.
- \_\_\_ St. Johns Water Management District
- \_\_\_ Department of Environmental Protection Agency
- \_\_\_ Army Corp
- \_\_\_ Florida Fish and Wildlife Commission
- \_\_\_ Department of Transportation
- \_\_\_ Health Department Approval – (septic tank removal requires H.D. permits)
- \_\_\_ Indian River County Fire Rescue Department
- \_\_\_ Indian River County Utilities