



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