

Seminole Tribe of Florida
Public Works Department

Ground Disturbance Permit Application

Permit # _____ Application Date: _____

1. Property Address or Location: _____
Project Name (if applicable): _____
Property Owner: _____

2. Applicant: _____
Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

3. Applicant's Contact Person: _____
Phone: _____
Cell Phone: _____
Fax: _____
E-mail Address: _____
Address: _____
City: _____ State: _____ Zip: _____

4. Contractor: _____
Phone: _____
State Contractor's License: _____

5. Description of Project Work to be Performed: _____

Start Project Date: _____ End Project Date: _____

Call both Sunshine State One-Call of Florida, Inc. (811) and STOF PWD for locates business days before you dig, drill, blast. "It's the law"

I certify that I am the owner or owners authorized agent. If acting as an authorized agent, I further certify that I am authorized to act as the Owner agent regarding the property at the above-referenced address for the purpose of filling applications for decisions, permits, or review under Land Use Code and other applicable STOF standards and I have full power and authority to perform on behalf of the Owner all acts required to enable the Seminole Tribe of Florida Public Works Department to process and review such applications.

I hereby certify that the information on this application furnished by me is true and correct and that the applicable requirements of the Seminole Tribe of Florida Public Works Department will be met.

Applicant's Signature _____ Date _____