



PORT TAMPA BAY

ENVIRONMENTAL DEPARTMENT  
1101 Channelside Dr. Tampa, FL 33602  
Ph: (813) 905-5031 · Fax: (813) 905-5050  
www.tampaport.com

# MINOR WORK PERMIT APPLICATION TO PERFORM WORK IN WATERS OF THE HILLSBOROUGH COUNTY PORT DISTRICT

For Official Use Only: Application #

Date Received:

NEW                       PERMIT REVISION                       AFTER-THE-FACT      W/N# \_\_\_\_\_

## SECTION I

### 1. MINOR WORK PERMIT APPLICATION - Brief Project Description:

\_\_\_\_\_

\_\_\_\_\_

### 2. PROPERTY OWNER / APPLICANT INFORMATION

Request to be present at site inspection

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 3. AUTHORIZED AGENT INFORMATION

Request to be present at site inspection

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 4. CONTRACTOR INFORMATION

Request to be present at site inspection

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## SECTION II

### 1. LOCATION OF PROPOSED PROJECT

Site Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Folio Number(s): \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Name of Water Body at Project: \_\_\_\_\_

**2. PROPOSED USE**

- Private Single-Family Dwelling
- Commercial
- Private Multi-Family Dwelling (Condominium, Apartment, etc.)
- Other (explain): \_\_\_\_\_

**3. OWNER OF SUBMERGED LANDS:** \_\_\_\_\_

**Leased Port Property or Port Easement** (Check box if applicable and attach information.)

**4. PREVIOUS TAMPA PORT AUTHORITY PERMITS ISSUED AT THIS LOCATION:**

Permit Number(s): \_\_\_\_\_ Date: \_\_\_\_\_

**5. PROJECT DESCRIPTION**

NOTE: Features and dimensions must be carefully shown on the required application drawings. Please review the attached guidelines provided to ensure that the drawings which you have prepared are acceptable.

**A. STRUCTURES:**

- NEW WORK
- MAINTENANCE
- ADDITION

**1) DOCK, OBSERVATION DECK, PIER, OR ELEVATED BOARDWALK**

- a. Length of Shoreline: \_\_\_\_\_ Linear Ft.
- b. Number of Proposed Docks: \_\_\_\_\_ No. of Boat Slips/Lifts: \_\_\_\_\_ / \_\_\_\_\_
- c. Length from M/OHW to Waterward Edge of Structure: \_\_\_\_\_ Ft.
- d. Width of Structure: \_\_\_\_\_ Ft. Mooring Water Depth at M/OLW: \_\_\_\_\_ Ft.
- e. Existing Structure Area: \_\_\_\_\_ Sq. Ft.
- f. Proposed Structure Area: \_\_\_\_\_ Sq. Ft.
- g. Overall Area of Facility: \_\_\_\_\_ Sq. Ft.

**2) SEAWALLS, RIP-RAP, REVETMENTS OR OTHER SHORELINE STABILIZATION:**

- a. Length of Shoreline at Site: \_\_\_\_\_ Linear Ft.
- b. Length of Work Proposed along Shoreline: \_\_\_\_\_ Linear Ft.
- c. Seawall Vertical Height: \_\_\_\_\_ Ft.
- d. Rip-Rap Slope: Horizontal Distance: \_\_\_\_\_ Ft.; Vertical Height: \_\_\_\_\_ Ft.
- e. Type of Material: \_\_\_\_\_
- f. Volume: \_\_\_\_\_ Cubic Ft. Below MHW/OHW

**3) OTHER TYPE OF STRUCTURE: (Please Explain)** \_\_\_\_\_

*\*For Utility Pipeline Projects: Refer to the Guidelines and Engineering Standards for Submerged Land Utility Crossing*

**B. DREDGING / EXCAVATION**

- NEW WORK
- MAINTENANCE

**1) DIMENSIONS OF AREAS TO BE DREDGED / EXCAVATED:**

- a. Length: \_\_\_\_\_ Ft. Width \_\_\_\_\_ Ft. ; Total Area: \_\_\_\_\_ Sq. Ft.
- b. Depths: Existing \_\_\_\_\_ ; Proposed \_\_\_\_\_
- c. Volume: Above MHW \_\_\_\_\_ ; Below MHW \_\_\_\_\_ ; Total \_\_\_\_\_ Cubic Ft.
- d. Area: Above MHW \_\_\_\_\_ ; Below MHW \_\_\_\_\_ ; Total \_\_\_\_\_ Sq. Ft.

- 2) TYPE OF MATERIAL: \_\_\_\_\_  
 3) STORAGE OF MATERIAL:  On-site Storage  Off-site Disposal Site: \_\_\_\_\_

***\*If material is to be taken off-site, describe the method of material storage, haul routes, and specify the location with an attached Affidavit of Authorization from the disposal site's property owner, as applicable to the project.***

**C. FILLING**

- 1) VOLUME: Above MHW \_\_\_\_\_ ; Below MHW \_\_\_\_\_ ; Total \_\_\_\_\_ Cubic Ft.  
 2) AREA: Above MHW \_\_\_\_\_ ; Below MHW \_\_\_\_\_ ; Total \_\_\_\_\_ Sq. Ft.  
 3) CONTAINMENT: Seawall \_\_\_\_\_ Dikes \_\_\_\_\_ Other (explain): \_\_\_\_\_  
 4) TYPE OF MATERIAL: \_\_\_\_\_  
 5) SOURCE OF MATERIAL:  On-site  Off-site: \_\_\_\_\_

***\*Refer to the Fill Checklist for material sampling requirements and other applicable information.***

**6. WORK SCHEDULE:** To Begin Project On: \_\_\_\_\_ And Be Completed By: \_\_\_\_\_

REMARKS / COMMENTS FOR PROJECT:

**SECTION III**

PROJECT SITE ADJACENT RIPARIAN PROPERTY OWNERS:  
 (Please include Name, Address, Telephone Number, and Email)

\_\_\_\_\_  
 Owner Name(s)

\_\_\_\_\_  
 Owner Name(s)

\_\_\_\_\_  
 Company Name/ Title

\_\_\_\_\_  
 Company Name/ Title

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 City; State; Zip Code

\_\_\_\_\_  
 City; State; Zip Code

\_\_\_\_\_  
 Telephone Number/Email

\_\_\_\_\_  
 Telephone Number/Email

