



**Land Use & Environmental Services Division (850) 891-7100**  
 Location: 435 N. Macomb Street  
 Mail: 300 S. Adams Street, Box B-28, Tallahassee, Florida 32301-1731  
 Fax: (850) 891-7184 Florida Relay Service TDD: 711

**STORMWATER MANAGEMENT FACILITY (SWMF) OPERATING PERMIT APPLICATION**

*(Separate Application Required for Each Pond)*

1. Application Type (check only one):  New Operating Permit  Amendment of Operating Permit:  
 Existing OP# \_\_\_\_\_
2. Facility Type: (check only one):  Surface  Confined Space
3. Parcel Identification Number: \_\_\_\_\_
4. LUCC #: \_\_\_\_\_
5. Pond Name: \_\_\_\_\_
6. Pond Location: \_\_\_\_\_
7. Site Type (check all that apply ):  Regional/Multi Site  Single Parcel  Government Entity
8. Ownership Type (check only one ):  Private  City of Tallahassee  Other Government
9. Pond Type (check only one):  
 Exempt  
 Dry Retention (Retention/Percolation)  
 Wet Detention (Staged Treatment)  
 Dry Detention (Treatment)  
 Dry Detention (Detention/Treatment)  
 Flood Control (Detention/Rate)  
 Flood Control (In-Line Detention - Comp. Vol.)
10. This application submittal is in accordance with Environmental Permit: TEM: \_\_\_\_\_  
 Environmental Permit Name: \_\_\_\_\_
11. Owner or Homeowner's Association Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  

City
State
Zip

 Telephone: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 If applicable, Fla. Div. of Corporations Document #: \_\_\_\_\_
12. Facility Operator Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  

City
State
Zip

 Telephone: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

13. Agent Name: \_\_\_\_\_

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

\_\_\_\_\_ City State Zip

Telephone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

14. Outfall to Waters of the U.S.: \_\_\_Yes \_\_\_No If Yes: \_\_\_Major \_\_\_Minor

If yes, Connection Point: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

15. Pond Center: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

16. Capacity Record Information (This record must be updated each time a new parcel is permitted to utilize this stormwater management facility.):

Total Impervious Square Feet Allocation for SWMF: \_\_\_\_\_

Impervious Area Capacity Record			
Parcel I.D. or Lot #	Allocation (sq. ft.)	Used (sq. ft.)	Reserved (sq. ft.)

Remaining Balance (total reserve): \_\_\_\_\_

Certification by:

Name: \_\_\_\_\_ Engineer Seal:

Firm Name: \_\_\_\_\_

License #: \_\_\_\_\_ Date: \_\_\_\_\_

17. Applicants Declaration:

I agree to implement the Stormwater Management Facility Operation and Maintenance Plan approved with this application. I agree to maintain a Facility Capacity Accounting Record. I understand that the Operating Permit expires three years from the date of issuance and that application for renewal must be submitted at least three (3) but not more than six (6) months prior to it's expiration. I understand that the Stormwater Facility must pass an Operations and Maintenance Inspection prior to renewal of the Operating Permit. I understand that the Operating Permit must be amended in the event that property ownership or the maintenance entity changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title (as it relates to authority to execute this document)

## Stormwater Operating Permit Checklist & Guidelines:

- \_\_\_ Provide a project statement or narrative that includes but is not limited to the following:
  - Description of facilities to be permitted, whether it is a dry detention, wet detention, sand filter or retention facility.
  - A narrative that describes how supervision of the Stormwater Management Facility Operator is to be provided.
  - A narrative that describes how funding is to be provided for employment of the Facility Operator and for implementation of the Operation and Maintenance Plan.
- \_\_\_ A detail of the operating capacity of the facility. The capacity accounting record portion of the application should be completed. If any portion of the capacity of the stormwater facilities is reserved for future use by specific parcels, identify the parcels by a map and parcel identification numbers. If the capacity is greater than that which was permitted, furnish calculations that demonstrate the excess capacity.
- \_\_\_ A location map provided on the site plan or attached as a separate document.
- \_\_\_ A drainage area map showing the limits of the drainage area contributing to the stormwater facility (including flow patterns and conveyance systems, roof drain systems, etc.).
- \_\_\_ The "Affidavit of Ownership and Designation of Agent" must be signed by the owner and notarized. *(1 original required)*
- \_\_\_ Operation and Maintenance Plan outlining the specific operating procedures including routine, intermittent and annual maintenance consisting of but not limited to: lubricating and exercising of valves and gates, if any. Cleaning of weirs and trash racks, mowing, dredging, cleaning and/or replacing filter media and underdrains (as applicable), and all other activities required to ensure that the facility performs as designed. Include possible facility adjustments and how and when they will be made. This plan should include estimates of equipment required, man hours and crew size, schedules, and an estimate of long term annual cost. Also include maintenance of wetlands or aquatic species vegetation if any exist and/or are required.
- \_\_\_ Articles of Incorporation and Bylaws of the SWMFPOA which have been approved by the director as meeting the requirements of Chapter 5 of the City of Tallahassee Land Development Code, and other local government requirements if any, and which have been recorded in the official Record Books of Leon County.
- \_\_\_ A list of all names, addresses and telephone numbers of the SWMFPOA officers including corporate attorney (if any) and person for service of legal process.
- \_\_\_ A map or maps indicating each parcel and the tax identification number for each parcel for which an owner is required to maintain membership in the SWMFPOA.
- \_\_\_ A certificate of good standing for the association as issued by the Florida Secretary of State.
- \_\_\_ Three (3) sets of the Stormwater Facility as-built construction plans, including control structure details, sand filter details, grade, and elevations. Plans must be signed & sealed by a registered land surveyor.
- \_\_\_ Color documents should also be submitted in electronic form in one of the following formats: .tif, .pdf, .jpeg, or .bmp.
- \_\_\_ The application form is complete with all blanks filled in or marked "N/A" as not applicable.