Sarasota County

Sarasota County
Planning & Development Services
Environmental Protection Division

ENVIRONMENTAL PROTECTION AFFIDAVIT

A. APPLICATION TYPE

- ☐ Coastal Setback
- ☐ Earthmoving
- ☐ Tree
- ☐ Mangrove
- ☐ WNCA
- ☐ Other: _____

B. PROPERTY INFORMATION

Street Address: _____

Property Identification No. (PID): _____

CHECK ALL THAT APPLY BELOW. **Please provide all required information to avoid delays in processing your application.**

☐ C. AFFIDAVIT OF OWNERSHIP (required)

I hereby certify that I am the owner of the property described in Section B above, which is situated in Sarasota County, Florida. I certify that as the owner of record, I have or will have, prior to undertaking the work associated with this project, all necessary approvals or permissions to conduct the work proposed in this application, from all persons with a legal interest in said property.

I agree to allow any authorized employee of Sarasota County, and any duly empowered law enforcement officer, to enter upon the premises associated with the project for the purpose of ascertaining compliance with the terms and conditions of the permit/authorization, Sarasota County Code, and the Comprehensive Plan.

Under penalty of perjury, I certify that all of the information contained in this application is true and correct to the best of my knowledge and that the authorized work will be consistent with the plans, specifications, and stipulations contained in the permit or other authorization, and with any applicable laws and regulations. I agree to pay all legally constituted fees regarding this permit application, including, but not limited to, all review and permit fees.

This application is made with my approval as the owner of the property. I assume legal responsibility for any and all violations of Sarasota County Code on the property for the duration of the permit.

☐ D. AFFIDAVIT OF OWNER'S AUTHORIZATION (required if using a representative)

I hereby authorize _____
to apply for the permit or authorization as described in this application and to act on my behalf in other matters pertaining to the permit/authorization.

☐ E. AGENT / REPRESENTATIVE / CONTRACTOR / PMT AFFIDAVIT (required if using a representative)

Under penalty of perjury, I certify that all of the information contained in this application is true and correct to the best of my knowledge and that the authorized work will be consistent with the plans, specifications, and stipulations contained in the permit or other authorization, and with any applicable laws and regulations. I agree to pay all legally constituted fees regarding this permit application, including, but not limited to all review and permit fees.

I further certify that I have entered into a contract with the owner of the subject property or their agent to perform the work specified in this application.

F. STATEMENT OF UNDERSTANDING (required)

The undersigned understands that the granting of a permit or other authorization shall not be deemed to create a duty or responsibility on the part of Sarasota County and its officers, agents, and employees to assure or guarantee construction and work in compliance with the permit/authorization or plans and specifications incorporated therein. Inspections made by County employees of the work conducted pursuant to the permit/authorization are only spot checks made to the best of the employee's ability and within the limitations of the available time and personnel. No expectation based upon granting of the permit/authorization shall arise that construction and work performed pursuant to the permit/authorization does in fact comply with the permit/authorization and the plans and specifications incorporated therein. I further understand that should I desire to assure such compliance or ascertain the extent of compliance, I will need to seek the assistance of independent persons qualified to perform such evaluations.

(STATEMENT OF UNDERSTANDING continued)

The undersigned understands that granting of a permit/authorization by Sarasota County does not relieve the undersigned of the responsibility to comply with all applicable Federal, State, and Sarasota County laws, ordinances, or rules, nor is the undersigned relieved of the responsibility to obtain any licenses, permits, or other authorization which may be required by Federal, State, or Sarasota County laws. The undersigned understands that any deviation from the permit/authorization, plans, specifications, and stipulations contained therein may invalidate the permit/authorization and subject the owner, contractor, and any other persons or entities responsible for the deviation, to prosecution pursuant to the code enforcement procedures contained in Chapter 2 of Sarasota County Code.

The undersigned agrees to hold and save Sarasota County, its officers, and employees, harmless from any damage or injury, no matter how occasioned and no matter what amount, to persons or property which might result from the work, activity, or structures authorized by any permit/authorization granted by Sarasota County, and from any and all claims or judgements resulting from such damage or injury.

I hereby acknowledge that I have read and fully understand the items listed above.

Signed this _____ day of _____, 20___

_____ _____

Signature of **Property Owner**

Print or type name of **Property Owner** (or name or title of person signing, if representing a corporation)

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or who has produced _____ as identification and who did/did not take oath.

Notary Stamp
Commissioner No.

_____

Notary Public Signature

I hereby acknowledge that I have read and fully understand the items listed above.

Signed this _____ day of _____, 20___

_____ _____

Signature of **Agent/Representative/Contractor/PMT**

Print or type name of **Agent/Representative/Contractor/PMT** (or name or title of person signing, if representing a corporation)

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or who has produced _____ as identification and who did/did not take oath.

Notary Stamp
Commissioner No.

_____

Notary Public Signature

FOR ADDITIONAL INFORMATION, CONTACT:
Sarasota County Environmental Permitting
1001 Sarasota Center Blvd., Sarasota, FL 34240
Phone: (941) 861-5000 Fax: (941) 861-6267
Email: Environmental@scgov.net