Excavation & Fill Application

Martin County Public Works Department
2401 SE Monterey Road, Stuart, Florida 34996
Telephone: (772) 288-5927
pwdpermits@martin.fl.us

Office Use Only:
Permit#:

This application is for excavation or filling activities not associated with a building permit, final site plan, or mining operation. The application must be filled out in its entirety and accompanied by all requirements or it will be deemed insufficient for review

Applicants Information

Company Name: _____

Applicant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Engineer's Information

Firm Name: _____

Engineer Name: _____ License: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contractor's Information

Company Name: _____

Qualifier's Name: _____ License: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Project Information

Project Name: _____

Address of Construction: _____ City: _____ State: _____ Zip: _____

Parcel ID: _____

Legal Description: _____

Zoning Designation/Future Land Use: _____

Check the Following that apply to your project:

☐ Land Clearing ☐ Excavation ☐ Fill Placement ☐ Dredging

Description of proposed work:

Excavation Estimate Worksheet

Please complete only if excavating on the lot or parcel, including excavation for ponds or lakes.

Amount of Material to be excavated (cubic yards): _____

Will Fill be hauled off-site? ◯ Yes ◯ No

If YES, amount of fill to be hauled off-site: _____

Destination of Fill: _____

Basic Hauling Route: _____

Is dredging required? ◯ Yes ◯ No

If YES, describe the location of dredging: _____

Will dredge material be hauled off-site? ◯ Yes ◯ No

If YES, state destination: _____

Fill Estimate Worksheet

Please complete only if clearing debris or vegetation.

Total Parcel Area: _____ Total Sq. Ft. to be Cleared: _____

Type of Clearing:

☐ Native Vegetation ☐ Non-Native Vegetation ☐ Non-Vegetative Debris

Environmental Requirements:

All applicants are required to contact the Martin County Growth Management Department to obtain information on the environmental requirements associated with any excavation and fill activities. Copies of all required environmental documents must be submitted with the Excavation & Fill Application.

Associated Permits:

It is the applicant's responsibility to research and obtain all required State and Federal permits for the planned excavation and fill operation. Copies of these permits must be submitted with the Excavation & Fill Permit Application.

Excavation and Fill Fees:

The permit fee, renewal fee, and hauling fee for an Excavation & Fill Permit shall be established by the Board of County Commissioners from time to time by resolution.

Permittee's / Applicant's Acknowledgment**:**

I hereby acknowledge that I have read the Conditions of the Martin County Right-of-Way Permit and agree to conduct all work in accordance with all applicable County Regulations & State Codes and Laws. I further acknowledge that I have read and agree to the requirements identified in the County's Policy regarding Notification of Public Displacement and that all installations are subject to removal or relocation at the expense of the permittee as determined by the County. The Permittee acknowledges they or their duly authorized agents are jointly and severally bound by the terms and conditions of the application and this information.

_____	_____
Name of Applicant (print)	Name of Contractor/Engineer (print)
_____	_____
Signature of Applicant	Signature of Contractor/Engineer
STATE OF FLORIDA, COUNTY OF _____	STATE OF FLORIDA, COUNTY OF _____
The foregoing instrument was acknowledged before me	The foregoing instrument was acknowledged before me
this____ day of _____ , 20 _____	this____ day of _____ , 20_____
by _____	by _____
Name of person acknowledging	Name of person acknowledging
Personally known ☐ OR Produced Identification ☐	Personally known ☐ OR Produced Identification ☐
Type of Identification _____	Type of Identification _____
NOTARY PUBLIC	NOTARY PUBLIC
_____	_____
Signature	Signature
_____	_____
Print Name	Print Name
My Commission Expires: _____	My Commission Expires: _____
[SEAL]	[SEAL]