

1. Permit# \_\_\_\_\_ Excavation Name \_\_\_\_\_



Charlotte County  
Community Development Department, Excavations Division  
2018/2019 Excavation Activity Status Report

Per Ordinance 2014-031, this report, along with the fee, is to be filed on or before December 31, 2019. The report must include all activity from October 1, 2018 through October 1, 2019. Failure to submit this report may result in suspension of the permitted activities.

Make all checks payable to Charlotte County Board of County Commissioners or CCBC

Activity Status Report Fee:  
Commercial/Specific- \$3,366

1. Excavation Name: \_\_\_\_\_

2. Permit Number: \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_

3. Permittee: \_\_\_\_\_

4. A.) Provide current contact information for the Permittee:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**Address** \_\_\_\_\_

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

Fax number \_\_\_\_\_

E-mail address \_\_\_\_\_

B.) Provide current contact information for the Operator:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Address \_\_\_\_\_

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

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Permit# \_\_\_\_\_ Excavation Name \_\_\_\_\_

**c.) Provide current contact information for the property Owner:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Fax number \_\_\_\_\_

E-mail address \_\_\_\_\_

**5. Place a check mark next to the item below which best describes this project:**

\_\_\_\_\_ Excavation activity related to this project is complete. Closure documentation will be submitted.

\_\_\_\_\_ Excavation activity has ceased and will not resume. Closure documentation will be submitted. A new application will be filed if excavation is to resume.

\_\_\_\_\_ Excavation has been temporarily halted; but is expected to resume in accordance with the permit.

Amount of material removed during reporting period \_\_\_\_\_ cu. yd.

Approximate amount of material removed to date \_\_\_\_\_ cu. yd.

Remaining amount of material \_\_\_\_\_ cu. yd.

Number of truckloads during reporting period \_\_\_\_\_

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\_\_\_\_\_ Excavation progressing as planned.

Amount of material removed during reporting period \_\_\_\_\_ cu. yd.

Approximate amount of material removed to date \_\_\_\_\_ cu. yd.

Remaining amount of material \_\_\_\_\_ cu. yd.

Number of truckloads during reporting period \_\_\_\_\_

**6. Attach a narrative summarizing the Excavation and Reclamation progress to date. The narrative shall include, at a minimum, the following:**

- All activity performed at the site during the reporting period.
- Compliance with all conditions of the permit.
- Any non-compliance with conditions of the permit.
- Document any Reclamation that has been completed and how this activity meets or does not meet the plans supplied by the applicant and approved by the Excavation Administrator.

**7. Operating Hours and Days:**

Begin a.m. End p.m. \_\_\_\_\_ thorough \_\_\_\_\_

State any Saturday hours: Begin a.m. End p.m.

State hour first truck enters site: Begin a.m. Last truck leaves site at \_\_\_\_\_ p.m.

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8. Amount of material planned to be excavated during next reporting period \_\_\_\_\_ cu. yd.

9. Percentage of excavated material of total approved cu. yds. Remaining \_\_\_\_\_ %

10. Note dates of expiration of all permits associated with excavation activity.

SWFWMD \_\_\_\_\_ Army Corps of Engineers \_\_\_\_\_

DEP \_\_\_\_\_ Other (identify) \_\_\_\_\_

11. Other- Please Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Number of truckloads exiting the site during the reporting period \_\_\_\_\_

13. Reclamation Bond # \_\_\_\_\_

Reclamation Bond Amount \_\_\_\_\_

Date Reclamation Bond expires \_\_\_\_\_

\*\* Provide a copy of current Bonds

14. Applicant must submit an As-Built drawing, signed and sealed by a professional engineer, showing the current status of the site.

Person submitting this form: \_\_\_\_\_ Owner, \_\_\_\_\_ Permit Holder, \_\_\_\_\_ Engineer,  
\_\_\_\_\_ Attorney, \_\_\_\_\_ Agent.

\_\_\_\_\_  
Signature of person supplying information

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

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

Permit# \_\_\_\_\_ Excavation Name \_\_\_\_\_

**ENGINEER'S CERTIFICATION**

I certify all information provided is accurate, and that the As-Built certification has been conducted in accordance with the permit provisions, including the excavation plans.

Signed by Professional Engineer \_\_\_\_\_

Printed Name \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

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Engineer's Seal Below

Please complete the information in this form and return with Annual Inspection, new Reclamation Bond (as applicable).

Charlotte County  
Community Development Department-Excavations  
Attn: Diane Clim  
18400 Murdock Circle  
Port Charlotte, FL 33948

PLEASE BE ADVISED, regular site visits by the County may occur at any time during the course of the permit without notification.