Community Development Department Room 205, Building B 18500 Murdock Circle Port Charlotte, FL 33948-1094 Phone (941) 743-1246 Fax (941) 743-1292



CHARLOTTE COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

Form to Request the Filling of an Excavation

This application is to be used when filling an excavated site with clean gravel, sand, rock, clay and clean debris [as defined in Section 17-701.200, F.A.C.]. The Owner of Record shall be the applicant.

Date Received:	Application No
City	StZip
	Cell Phone ()
Fax #	
2. Property Address (if unkninformation):	nown, contact Land Information Division, 764-4125, for addressing
3. Property Account #(s): 4. Property Size:	(acres)
5. Excavation Permit #:	not permitted, how long ago was the excavation completed?
6. Excavation Size:	(acres)
7. Zoning District designation	on(s) of the Property:
8. Future Land Use Map des	ignation(s) of the Property:
9. Existing Land Use(s):	
10. Are you fully or partially	filling the excavation?

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11. How much fill material will be needed to co	omplete the project?Cubic Yards	
12. Approximately how long do you expect that	t it will take to complete this operation?	
13. What will be the origin and type of the mate	erial?	
14. Expected use for the site after filling has be	en completed:	
15. Other items required to be submitted with t	this application form:	
• A copy of the deed or title to the property.		
 A survey sketch and legal description of the 	property.	
• A copy of the survey sketch on which the ex	xcavation is illustrated.	
• A topographical map of the site.		
 A reclamation plan 		
 A dust control plan 		
• A sediment barrier plan		
 A Charlotte County Stormwater Permit 		
Department of Environmental Protection Su	ırface Water Permit	
and Ordinances, organic materials, or solid or 701.200, F.A.C.). If approved, quarterly rep Environmental Services listing the type, tonnage	ction 1-12-4 of the Charlotte County Code of Laws hazardous waste (as defined by in section 17-ports to the Charlotte County Department of and origin of the fill for that quarter are required. It as the person depositing materials within the of these provisions.	
Applicant's Signature	Date	
Office Use Only		
Excavation Administrator's Decision:		
Excavation Administrator's Signature:		
Date:		