

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



**Charlotte County**  
**Community Development Department, Excavations Division**  
**2015/2016 Excavation Activity Status Report**

Per Ordinance 2014-031, this report, along with the fee, is to be filed on or before December 31, 2016. The report must include all activity from October 1, 2015 through October 1, 2016. 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 CCBCC**

**Activity Status Report Fees:**

Group II/Standard - \$1,200

Group III/Commercial/Specific - \$1,250

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

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

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

4. **Provide current contact information for the Permittee:**

Name \_\_\_\_\_ 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.

**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 \_\_\_\_\_**

*Roadway Service Life Reduction Fee:* copies of truck tickets. Attach separate check, made out to the Charlotte County Board of County Commissioners, for \$1 per truckload.

**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 current status of the site.**

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

**Person submitting this form:** \_\_\_ Owner \_\_\_ Agent \_\_\_ Engineer \_\_\_ Attorney

**SWORN STATEMENT**

I, the undersigned, being first duly sworn, depose and say that I am empowered to submit this Annual Report, that I have supplied all updated information required by this report form, and that such information is true and accurate to the best of my knowledge.

STATE OF FLORIDA, COUNTY OF CHARLOTTE

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

\_\_\_\_\_  
**Notary Public Signature**

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

\_\_\_\_\_  
**Notary Printed Signature**

\_\_\_\_\_  
**Printed Signature**

Pres. \_\_\_\_\_  
**Title**

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

\_\_\_\_\_  
**Commission Code**

\_\_\_\_\_  
**City, State, Zip**

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

**If the person submitting this form is not the engineer, the engineer must complete the following information.**

**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), and Roadway Service Life Reduction Fee (as applicable) to:**

**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.**