

Class I Permit Application

FOR DEPARTMENTAL USE ONLY					
Date Received:	Application Number:				
	Application Fee:				
	(Updated 09/09)				
Application must be filled out in its entirety. Pl	lease indicate N/A for non-applicable fields.				
1. Applicant Information: Name: KIM HUGHES TRS HUGHES LAND HOLD	2. Applicant's Authorized Permit Agent: Agent is allowed to process the application, furnish supplemental information relating to the application and bind the applicant to all requirements of the application.				
Address: 22 ANACAPA ST, #5	Name: Glen A. Larson/ Dock and Marine Construction				
Address: 22 ANACAPA ST, #5 SANTA BARBARA, CA Zip Code: 2	93101 Address: 752 NE 79 Street Miami, FL				
Phone #: Fax#:	Zip Code: 33138 Phone #: 305-751-9911 Fax #:				
Email: 4kimhughes@gmail.com	Phone #: 305-751-9911 Fax #:				
* This should be the applicant's information for contact purposes.	Email: glarson@dockandmarine.net				
3. Location where proposed activity exists or will occur (latitude and longitude are only necessary for properties without address or folio #): Folio #(s): Folio: 03-4132-021-1460 Latitude: Longitude:					
	Section: Township: Range:				
In City or Town: Coral Gables	Near City or Town:				
Name of waterway at location of the activity: Lago Monaco					
or matering at total of the activity.					
4. Describe the proposed activity (check all that apply): Seawall Seawall Pier(s) Mooring Piles Maintenance Mangrove Trimming New/Replacement Seawall Pier(s) Mooring Piles New Batter Piles New Batter Piles Davits Filling Ching Piles Footer/Toe Wall Riprap Other: Estimated project cost = \$_ NAA \$20,000 Are you seeking an after-the-fact approval (ATF)? ■ Yes □ No If "Yes", describe the ATF work: Dock, boatlift and magrove trimming. 5. Proposed Use (check all that apply): Single Family 6. If the proposed work relates to the mooring of vessels provide the following information (please also indicate if the applicant does not have a vessel):					
☐ Multi-Family Propos	sed Vessel Type (s): Motor boaT				
	Vessel Make/Model (If known): Boston whaler outrage				
☐ Public Vessel	VOSSCI IVIARO/IVIOUCI (II KIIOWII).				
☐ Industrial ☐ Draft (Draft (s)(range in inches.): 221 Length (s)(range in feet.): 25				
□ Utility Total ?	Total Number of Slips:1				
7. List all permits or certifications that have been applied for or obtained for the above referenced work: Issuing Agency Type of Approval Identification Number Application Date Approval Date					

8. Contractor Information (If known):					
Name: Glen A. Larson/ Dock and Marine Construction License # (County/State): E-410					
Address: 752 NE 79 Street Miami, FL	Zip	Code: 33138			
Phone #: 305-751-9911 Fax #:	E-mail: glarson@dockandmarine.net				
9. <u>IMPORTANT NOTICE TO APPLICANTS</u> : The written consent of the property owner is required for all applications to be considered complete. Your application WILL NOT BE PROCESSED unless the Applicant and Owner Consent portion of the application is completed below. You have the obligation to apprise the Department of any changes to information provided in this application.					
Application is hereby made for a Miami-Dade County C following:	class I permit to authorize the activities described herein	i. Tagree to or amminute			
 I possess the authority to authorize the proposed activities at the subject property, and I am familiar with the information, data and plans contained in this application, and To the best of my knowledge and belief, the information, data and plans submitted are true, complete and accurate, and I will provide any additional information, evidence or data necessary to provide reasonable assurance that the proposed project will comply with the applicable State and County water quality standards both during construction and after the project is completed, and I am authorizing the permit agent listed in Section 2 of this application to process the application, furnish supplemental information relating to this application and bind the applicant to all requirements of this application, and I agree to provide access and allow entry to the project site to inspectors and authorized representatives of Miami-Dade County for the purpose of making the preliminary analyses of the site and to monitor permitted activities and adherence to all permit conditions. A. IF APPLICANT IS AN INDIVIDUAL					
Signature of Applicant	Print Applicant's Name	Date			
B. <u>IF APPLICANT IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON</u> (Examples: Corporation, Partnership, Trust, LLC, LLP, etc.)					
KIM HUGHES TRS HUGHES LAND HOLDING TRUS	ST Trust	CA			
Print Name of Applicant (Enter the complete name as register	red) Type (Corp, LLC, LLP, etc.)	State of Registration/Incorporation			
Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Applicant, to bind the Applicant, and if so required to authorize the issuance of a bond on behalf of the Applicant. (If asked, you must provide proof of such authority to the Department). ***Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages. *** Kim Hughes Trustee 9/2/2022 Signature of authorized Representative Print Authorized Representative's Name Title Date C. IF APPLICANT IS A JOINT VENTURE Each party must sign below(If more than two members, list on attached page)					
Print Name of Applicant (Enter the complete name as register	red) Type (Corp, LLC, LLP, etc.)	State of Registration/Incorporation			
Print Name of Applicant (Enter the complete name as registered) Type (Corp, LLC, LLP, etc.) State of Registration/Incorporation					
Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Applicant, to bind the Applicant, and if so required to authorize the issuance of a bond on behalf of the Applicant. (If asked, you must provide proof of such authority to the Department). ***Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages. ***					
Signature of Authorized Representative Print					
Signature of Francisco Copy of the Copy of	Authorized Representative's Name Title	Date			

10. WRITTEN CONSENT OF THE PROPERTY OWNER OF THE AREA OF THE PROPOSED WORK						
I/We are the fee simple owner(s) of the real property located at						
I am aware and familiar with the contents	of this application for a Miami-D	Dade County Class I Permit to	perform the work on or adjacent			
to the subject property, as described in Section 4 of this application. I possess the riparian rights to the area of the proposed work (if						
applicable) and hereby consent to the work identified in this Class I Permit application.						
A. IF THE OWNER(S) IS AN INDIVIDUAL						
Signature of Owner	Print Owner's Name	°	Date			
Signature of Owner	Print Owner's Name		Date			
B. IF THE OWNER IS OTHER THAN AN INDIVIDUAL OF (Examples: Corporation, Partnership, Joint Venture, Trust, LLC, LLP, KIM HUGHES TRS HUGHES LAND HOLDING TRUST Print Name of Owner (Enter the complete name as registered)			CA State of Registration/Incorporation			
22 Anacapa Street #5, Santa Ba	arbara, CA 93101					
Address of Owner Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Owner, to bind the Owner, and if so required to authorize the issuance of a bond on behalf of the Owner. (If asked, you must provide proof of such authority to the Department). ***Please Note: If additional signatures are required, pursuant to your governing documents,						
operating agreements, or other applicable agreements or laws, you must attach additional signature pages. ***						
5	Kim Hughes	Trustee	9/2/2022			
Signature of Authorized Representative	Print Authorized Representative's N	ame Title	Date			
Signature of Authorized Representative	Print Authorized Representative's N	ame Title	Date			

Please Review Above

Appropriate signature(s) must be included in:

Box 9: either A, B or C

<u>AND</u>

Box 10: either A or B