



Class I Permit Application

FOR DEPARTMENTAL USE ONLY	
Date Received: <div style="text-align: right; font-size: small;">(Updated 09/09)</div>	Application Number: Application Fee:

Application must be filled out in its entirety. Please indicate N/A for non-applicable fields.

1. Applicant Information: Name: <u>KIM HUGHES TRS HUGHES LAND HOLDING TRUST</u> Address: <u>22 ANACAPA ST, #5</u> <u>SANTA BARBARA, CA</u> Zip Code: <u>93101</u> Phone #: _____ Fax#: _____ Email: <u>4kimhughes@gmail.com</u> <small>* This should be the applicant's information for contact purposes.</small>	2. Applicant's Authorized Permit Agent: <small>Agent is allowed to process the application, furnish supplemental information relating to the application and bind the applicant to all requirements of the application.</small> Name: <u>Glen A. Larson/ Dock and Marine Construction</u> Address: <u>752 NE 79 Street Miami, FL</u> Zip Code: <u>33138</u> Phone #: <u>305-751-9911</u> Fax #: _____ Email: <u>glarson@dockandmarine.net</u>
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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: _____

Street Address: 7111 Los Pinos Blvd Section: _____ Township: _____ Range: _____

In City or Town: Coral Gables Near City or Town: _____

Name of waterway at location of the activity: Lago Monaco

4. Describe the proposed activity (check all that apply):

<input type="checkbox"/> Seawall	<input checked="" type="checkbox"/> Dock(s)	<input checked="" type="checkbox"/> Boatlift	<input type="checkbox"/> Dredging	<input checked="" type="checkbox"/> Mangrove Trimming
<input type="checkbox"/> New/Replacement Seawall	<input type="checkbox"/> Pier(s)	<input type="checkbox"/> Mooring Piles	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Mangrove Removal
<input type="checkbox"/> Seawall Cap	<input type="checkbox"/> Viewing Platform	<input type="checkbox"/> Fender Piles	<input type="checkbox"/> New	
<input type="checkbox"/> Batter Piles		<input type="checkbox"/> Davits	<input type="checkbox"/> Filling	
<input type="checkbox"/> King Piles				
<input type="checkbox"/> Footer/Toe Wall				
<input type="checkbox"/> Riprap				

Other: _____

Estimated project cost = \$ ~~N/A~~ \$20,000

Are you seeking an after-the-fact approval (ATF)? Yes No If "Yes", describe the ATF work: Dock, boatlift and mangrove trimming.

5. Proposed Use (check all that apply): <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Utility	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): Proposed Vessel Type (s): <u>Motor boat</u> Vessel Make/Model (If known): <u>Boston Whaler Outrage</u> Draft (s)(range in inches.): <u>22"</u> Length (s)(range in feet.): <u>28'</u> Total Number of Slips: <u>1</u>
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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

