

SEMINOLE TRIBE OF FLORIDA PUBLIC WORKS DEPARTMENT

5700 Griffin Road
Davie, FL 33314
(954) 894-1060
publicworks@semtribe.com
www.tcd.semtribe.com

GROUND DISTURBANCE PERMIT APPLICATION

돈 ''	Permit #:	Application Date:
1.	Property Address or Location:	
1.	Project Name (if applicable):	
	Property Owner:	
2.		
	Address:	
	City:	State: Zip:
3.	Applicant's Contact Person:	
	Fax:	
	E-mail Address:	
		Ctata: 7in.
		State: Zip:
4.		
	Phone:	
	State Contractor's License	
	Start Project Date:	End Project Date:
	oth Sunshine State One-Call of Fl he law"	rida, Inc. (811) and STOF PWD for locates business days before you dig, drill, blas
autho applic power	rized to act as the Owner agent reactions for decisions, permits, or	authorized agent. If acting as an authorized agent, I further certify that I am egarding the property at the above-referenced address for the purpose of filling eview under Land Use Code and other applicable STOF standards and I have full alf of the Owner all acts required to enable the Seminole Tribe of Florida Public ew such applications.
		this application furnished by me is true and correct and that the applicable lorida Public Works Department will be met.
Applic	cant's Signature:	Date:
Fill ou	t and return to STOF Public Worl	s Department or email to - digpublicworks@semtribe.com