Clear Form

☐ Attach this form to the Building Permit Application

Condition of Approval for
Highlands County Building Permit/Land Clearing Permit

State or Federal Wetlands Permit is a Condition of Approval.
Information in the Planning Department indicates that your property may contain wetlands or cutthroatgrass seep habitat (kind of wetland). The Highlands County Comprehensive Plan, Natural Resources Element Policy 4.3, states that where cutthroatgrass seep or wetlands are located, a permit from the appropriate State or Federal agency (i.e., the Florida Department of Environmental Protection, the Southwest Florida Water Management District, the South Florida Water Management District and/or the U.S. Army Corps of Engineers) is a condition of approval for building permits or land clearing permits. Evidence of compliance with this condition (e.g., copy of permit application, copy of permit, or letter from agency) shall be made available to the County Building Official upon request.

Highlands County, Florida
Development Services Department Application
OWNER'S WETLAND AFFIDAVIT

I, _____(print name), being first duly sworn, depose and say that I am the **OWNER** of the property described by parcel # C-_ _ - _ _ - _ _ - _ _ _ - _ _ _ _ - _ _ _ _ and which is the subject matter of the proposed building permit/land clearing permit. I understand that, pursuant to Natural Resources Element Policy 4.3 and the potential presence of cutthroatgrass seep and/or wetlands on this property, it is my obligation and a condition of this building permit to comply with wetlands regulations and permitting under the Florida Department of Environmental Protection, the South Florida Water Management District, the Southwest Florida Water Management District and/or the U.S. Army Corps of Engineers as their jurisdictions may apply.

_____
Signature of Owner Above

_____
Address: Number and Street (P.O. Box) City and State (Zip Code)

STATE OF FLORIDA
COUNTY OF HIGHLANDS

The Foregoing instrument was acknowledged before me this ___ day of _____, 20___ by _____ who is personally known by me or who has produced _____ as identification and who did (did not) take an oath.

_____
Signature

_____
Print Name

State of Florida
My Commission Expires:_____