

Field Authorization to Perform Emergency Repairs

**ON RIGHT OF WAY OF THE SOUTH FLORIDA WATER MANAGEMENT DISTRICT (SFWMD)
PURSUANT TO SFWMD ORDER NO. _____**

TO BE COMPLETED BY PERSON/ENTITY SEEKING FIELD AUTHORIZATION:	
Date:	Canal:
Work Site Location/Address:	
Name of Person/Entity Performing Work or Engaged in Activity:	
Address:	
Phone Number:	Email:
General Description of The Type of Work to be Performed:	
Dates Work to be Performed (Estimate):	Materials, Methods and Equipment Used:

TO BE COMPLETED BY SFWMD STAFF:	
Check all that apply: <ul style="list-style-type: none"> <input type="checkbox"/> Work is to repair, restore or replace improvements previously authorized by Right of Way Occupancy Permit No. _____. <input type="checkbox"/> Work was not previously authorized by a Right of Way Occupancy Permit, but has been determined to be necessary by SFWMD for the benefit of public health, safety and welfare. <input type="checkbox"/> An application for an after-the-fact Right of Way Occupancy Permit shall be filed upon completion of the work to legitimize the unauthorized work, pursuant to requirements set forth in Chapter 40E-6, Florida Administrative Code. <input type="checkbox"/> Work is subject to Section 408 Review by the U.S. Army Corps of Engineers. Nothing in this authorization is intended to release the party/person performing the work from complying with all federal regulations, including the obligation to obtain after-the-fact permits from any federal agency. 	
Special Conditions:	
Signature	Date

ACKNOWLEDGEMENT:	
By my signature below, I acknowledge that I have received a copy of this field authorization and have been advised of the SFWMD's requirements, as noted herein. I further acknowledge that this field authorization DOES NOT authorize the placing of trash, debris (including vegetation), construction materials or any other materials on the SFWMD right of way, or the excavation of any material in a location that would obstruct SFWMD operations and/or maintenance.	
Signature	Date