



**SECTION 2. PARCEL INFORMATION AND CERTIFICATION\***

**Participating owners/lessees**

Name of Parcel/Farm	Parcel/Farm Acreage
City, town, or village (if applicable)	County(ies)
SFWMD Basin	Receiving District Work(s)
<b>Owner of parcel/farm</b>	<b>Lessee of parcel/farm (if applicable)</b>
Name	Name
Address	Address
City, state, zip	City, state, zip
Telephone (    )	Telephone (    )

Section(s) or Government Lot(s)	*Tax Assessor's property control number	Acres	Township	Range	County
_____	_____	_____	_____ S	_____ E	_____
_____	_____	_____	_____ S	_____ E	_____
_____	_____	_____	_____ S	_____ E	_____
_____	_____	_____	_____ S	_____ E	_____
_____	_____	_____	_____ S	_____ E	_____

**CERTIFICATION**

I hereby certify that, to the best of my knowledge, the total acreage listed above is owned or controlled by me. I also certify that I will abide by the terms and conditions of the issued permit. In addition, I agree to provide entry at any time to the area which is described above and included in this permit application, for South Florida Water Management District inspectors or their duly authorized agents, as provided by the issued permit.

\_\_\_\_\_  
Type or print owner name

\_\_\_\_\_  
Type or print lessee name

\_\_\_\_\_  
Signature of owner of parcel/farm (If not the owner, certify below)

\_\_\_\_\_  
Signature of lessee of parcel/ farm (if applicable) (If not the lessee, certify below)

I hereby certify that I am the authorized agent of the owner.

I hereby certify that I am the authorized agent of the lessee.

\_\_\_\_\_  
Type or print name and title

\_\_\_\_\_  
Type or print name and title

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

(\* see bottom of page 5)

\_\_\_\_ **NEW PARTICIPANT**

\_\_\_\_ **CHANGE IN CONTROLLED ACREAGE**