



PASCO COUNTY BUILDING CONSTRUCTION SERVICES

FILL PERMIT APPLICATION

See Pasco County [Land Development Code Section 403.6](#) for complete regulation details.

SUBMIT COMPLETED APPLICATION AND SITE PLAN ONLINE AT [PASCO GATEWAY](#)

COUNTY EMPLOYEE TO COMPLETE THIS SECTION:

PERMIT#: _____

RELATED PERMIT(S): _____

ATF: _____

ZONING: _____ ACREAGE: _____ FEMA: _____ WETLAND: _____

APPLICANT TO COMPLETE THE FOLLOWING SECTIONS:

SITE INFORMATION

PARCEL ID: _____

JOB ADDRESS: _____

APPLICANT INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT)

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

NOTICE OF DEED RESTRICTIONS

I acknowledge that the property for which this permit is requested might be subject to deed restrictions. As owner or authorized agent for the owner, I am responsible for determining, prior to adding fill, whether the addition of fill is a violation of deed restrictions.

SIGNATURE: _____

DATE: _____



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DESCRIPTION OF WORK

FILL MATERIAL: _____

FILL VOLUME (CUBIC YARDS): _____

DETAILED SCOPE OF WORK:

1. Has fill/dirt material been brought to the property? YES ☐ NO ☐
2. Has the fill/dirt material been spread or fill work done? YES ☐ NO ☐
3. Have you received a site Violation Notice? YES ☐ NO ☐

SITE PLAN SHALL SHOW:

1. LOCATION(S) OF PROPOSED FILL (LENGTH X WIDTH X HEIGHT)
2. ANY EXISTING/PROPOSED DRAINAGE IMPROVEMENTS (POND, PIPE, SWALE, ETC.)
3. EXISTING STRUCTURES, WITH DIMENSIONS & PROPERTY LINE SETBACKS
4. STREETS & ROADWAYS
5. EASEMENTS (DO NOT ENCROACH INTO DRAINAGE EASEMENTS WITH NEW FILL)
6. BODIES OF WATER
7. TREES WITHIN FILL AREA (TREE REMOVAL PERMIT MAY BE REQUIRED)
8. ARROWS TO SHOW DIRECTION OF EXISTING AND/OR PROPOSED DRAINAGE FLOW
9. NORTH ARROW
10. FLOOD ZONE DELINEATION LINE
11. WETLAND DELINEATION LINE

I hereby certify, affirm or swear that I am the owner or the authorized agent for the owner of the property for which this permit is requested. The information provided herein is true and correct to the best of my knowledge. I release Pasco County from all responsibility for damages incurred as a result of the fill activity.

SIGNATURE: _____

DATE: _____

CHECK ONE: OWNER ☐ AUTHORIZED AGENT ☐

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PASCO GATEWAY