



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Aquaculture

**APPLICATION FOR SOVEREIGNTY SUBMERGED LAND
AQUACULTURE LETTER OF CONSENT**

Section 253.69, Florida Statutes – Rule 18-21.021, F.A.C.

Application No. _____ (Official Use Only)

Please Type or Print Legibly

APPLICANT INFORMATION:

Name: _____

Authorized Agent (If Applicable): _____

Aquaculture Certificate Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

I certify that I am 18 years old or older (please initial): _____

FACILITY LOCATION:

Section: _____ Township: _____ Range: _____

County: _____ City / Town: _____

Waterbody: _____

Latitude: _____ Longitude: _____

Street address: _____

Describe the general site characteristics: (Include a vicinity map, navigation chart, or other appropriate map):

Describe the aquaculture activities to be conducted:

Describe the aquaculture-related structures proposed which require the use of the water column, including docks (A detailed and dimensioned site plan is required pursuant to subsection 18-21.021(3) F.A.C.):

Describe the production techniques including the equipment proposed to be utilized in conjunction with planting and harvesting activities (Include a description of all nursery methods including storage):

Describe why an aquaculture letter of consent is being requested:

PRODUCT TO BE CULTIVATED:

Please check the products to be cultivated:

- Clams
- Oysters
- Clams & Oysters
- Live Rock
- Other

GENERAL INFORMATION:

Do you own the riparian upland property?
If yes, attach a copy of warranty deed.

Yes No

Do you have another form of interest in the upland property?

Yes No

If yes, attach a copy of the rental or lease agreement and warranty deed.

What is the zoning designation of the upland property?

Are there special conditions or restrictions?

Yes

No

If yes, please explain:

For questions regarding this form or the application process, please call the
Division of Aquaculture at (850) 617-7600

Remit this application along with attachments to:
Department of Agriculture and Consumer Services
Division of Aquaculture
600 South Calhoun Street, Suite 217
Tallahassee, FL 32399

Original Signature of APPLICANT

Date

Typed/Printed Name of APPLICANT