

GENERAL PERMIT ACTIVITY REQUEST

Notice to Applicant: If you haven't yet reached out to a COT GM Engineer, we require this prior to applying for an activity request.

Project Information:

This work will be performed under General Permit #: TEM_____

Project Name: _____

Description of Work:

Description of Location:

Please update below if any information has changed:

Agent's Information:				Applicant's Information (department/agency):			
Name:				Name:			
Mail Address:				Mail Address:			
Telephone #:	City			Telephone #:	City		
E-Mail Address:				E-Mail Address:			
<u>Agency Project Manager :</u>				Other Contact Person (if applicable):			
Name:				Name:			
Mail Address:				Mail Address:			
Telephone #:	City		1	Telephone #:	City		-
E-Mail Address:				E-Mail Address:_			

Please email this completed form to: <u>GMLUESIntake@talgov.com</u>.

Growth Management Department | Land Use & Environmental Services Division | Phone: (850) 891-7001, option 4 | Fax: (850) 891-7184 Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street, Box B 28, Tallahassee, FL 32301