

# ELEVATOR SHAFT DRILLING/GROUTING PERMIT APPLICATION

<b>Well Contractors'</b> Cell/Mobile Ph # _____ State Lisc.# _____ County Lisc. # _____	<b>WELL PERMITTING / NAT RES</b> 1500 MONROE STREET, 1 <sup>st</sup> fl FORT MYERS, FL 33902-0398  PHONE: (239 533-8114      FAX: (239) 485-8535 <a href="mailto:Wellpermitting@leegov.com">Wellpermitting@leegov.com</a>	Lee County Permit Number(s) <b style="font-size: 1.5em;">WEL -</b> <hr style="border: 1px solid black;"/>
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**APPLICATION TO LEE COUNTY FOR:** Elevator Shaft Drilling(  ) Elevator Shaft Grouting(  ) Elevator Shaft Repair(  ) Repair(  )

OWNER, BUSINESS, OR CORPORATION	WELL CONTRACTOR
Name: _____	Name: _____
Address: _____	Company: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: (    ) _____	Phone: (    ) _____ Fax: (    ) _____
Authorized Agent or Broker: _____	

**Site Address:** \_\_\_\_\_ **Subdivision:** \_\_\_\_\_  
**Accurate Directions to Job Site:** *(Re-inspection fees may be applied for incorrect or incomplete directions.)*

**Site Inspected:** Yes (  ) No (  ) If No, Why? \_\_\_\_\_

**A Site Plan must accompany all permit applications.**

**Strap #** \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
(section)      (township)      (range)      (unit)      (block)      (lot)

**LAND USE:** Single Family(  ) Duplex(  ) Multi-Family(  ) units \_\_\_\_\_ Commercial(  ) Farm(  ) Other \_\_\_\_\_

**You may apply for drilling and grouting on the same permit if the same contractor is completing the work.**

**CONSTRUCTION SPECIFICATIONS**

1. Rotary with Mud(  ) or Air(  ), Casing Driven(  ), Cable Tool(  ), Jetting(  ), Other \_\_\_\_\_
2. Borehole \_\_\_\_\_" diameter X \_\_\_\_\_' deep.
3. Surface Casing will be steel \_\_\_\_\_" diameter X \_\_\_\_\_' deep.
4. PVC Liner will be \_\_\_\_\_" diameter X \_\_\_\_\_' deep.
5. Grout composition with % additives: \_\_\_\_\_
6. Total depth of well \_\_\_\_\_'.
7. Casing Material: PVC(  ) Schedule # \_\_\_\_\_ Fiberglass(  ) Black Steel (  ) Galv.(  ) \_\_\_\_\_ lbs./ft, Other \_\_\_\_\_

**Contractor's Comments:** \_\_\_\_\_  
 \_\_\_\_\_

I HEREBY CERTIFY THAT THE CONSTRUCTION, ABANDONMENT OR REPAIR OF THE WELL WILL COMPLY WITH THE RULES OF LEE COUNTY, WILL NOT ADVERSELY AFFECT THE WATER RESOURCES, AND THAT A WATER USE PERMIT, IF NEEDED, HAS OR WILL BE OBTAINED FROM SOUTH FLORIDA WATER MANAGEMENT DISTRICT FOR THIS PROJECT PRIOR TO COMMENCEMENT OF WELL CONSTRUCTION. I ALSO AGREE TO PROVIDE A WELL COMPLETION REPORT TO LEE COUNTY WITHIN 30 DAYS FROM COMPLETION OF THE WELL. ISSUANCE OF A PERMIT PURSUANT TO THIS APPLICATION DOES NOT RELIEVE THE APPLICANT OF THE RESPONSIBILITY TO ACQUIRE ANY NECESSARY APPROVALS FROM ANY OTHER FEDERAL, STATE OR LOCAL GOVERNMENT AGENCIES.

SIGNATURE OF OWNER OR AUTHORIZED AGENT	DATE	CONTRACTOR'S SIGNATURE	DATE
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**PLEASE MAKE ALL CHECKS PAYABLE TO: LEE COUNTY BOCC (Board of County Commissioners)**

**DO NOT WRITE BELOW THIS LINE**  
 Permit Granted(  ) Rejected(  ) Reasons, Conditions, or Variances \_\_\_\_\_