



WILTON SIMPSON
COMMISSIONER

NON-NATIVE SPECIES PLANTING PERMIT APPLICATION

Section 581.083, F.S./Rule 5B-57.011, F.A.C.

P.O. Box 147100, Gainesville, FL 32614
Phone: (352) 395-4700 / Fax: (352) 395-4624

Remit online payment at
www.FreshFromFlorida.com

Or

Make check or money order
payable to:

FDACS
P.O. Box 6720
Tallahassee, FL 32314-6720

Name of Applicant/Company

Mailing Address

City, State, Zip Code

If the applicant is a Corporation, Partnership, or other business entity, the applicant must also provide the name and address of each officer, partner, or management agent. The applicant shall notify the department within 10 business days of any change or address or change in the principle place of business. (Use additional pages if necessary)

Owner of Site

Address of Owner

Street Address of Intended Planting Site

Size of Planting (In Acres)

Parcel Numbers/s of Site

Common Name of Plant

Scientific Name

Botanical Description:

Methods of Containment (How will inadvertent spread from the site be controlled?):

(Use additional pages if needed)

Provide a detailed statement of estimated cost of removing and destroying the plant species that is the subject of this special permit.

Applicant Signature

Date

All Applications Must Be Submitted With The Following:

- **\$50.00 Application Fee**
- **Proof of Proposed Site Ownership**
- **Voucher Specimen of the Plant**

Approved (See Below)

Disapproved For The Following Reasons: _____

Division Director

Date

If approved, the Non-Native Permit (FDACS-08382, Non-Native Species Planting Permit, Rev. 01/13), including the permit conditions will be sent to the applicant upon signature of Compliance Agreement (FDACS-08383, Non-Native Species Compliance Agreement, Rev. 01/13), and proof of bond or certificate of deposit (FDACS-08439, Non-Native Species Plantings Bond, Rev. 01/13 or FDACS-08440, Assignment Of Certificate Of Deposit, Rev. 01/13).

ADMINISTRATIVE HEARING AVAILABLE

If you wish to contest the Department's action, you have the right to request an administrative hearing to be conducted in accordance with Sections 120.569 and 120.57, Florida Statutes and to be represented by counsel or other qualified representative. Your request for hearing must contain: 1. Your name, address, and telephone number, and facsimile number (if any). 2. The name, address, telephone number, and facsimile number of your attorney or qualified representative (if any) upon whom service of pleadings and other papers shall be made. 3. A statement that you are requesting an administrative hearing and dispute the material facts alleged by the department, in which case you must identify the material facts that are in dispute (formal hearing), or that you request an administrative hearing and that you do not dispute the facts alleged by the department (informal hearing). 4. A statement of when (date) you received this Notice and the file number of this Notice. **Your request for a hearing must be received at the address shown on this Notice within twenty-one (21) days of receipt of this Notice.** If you fail to obtain a Release from this Notice or fail to request an administrative hearing within the twenty-one (21) day deadline you waive your right to a hearing and the Department may enter a Final Order imposing up to the maximum penalties as authorized by Florida Law.