



CONSUMPTIVE USE PERMIT TRANSFER REQUEST



St. Johns River Water Management District

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500

Transfer requests may also be submitted electronically at www.sjrwm.com.

Persons who wish to continue an existing, permitted water use and who have acquired ownership or legal control of permitted water withdrawal or diversion facilities or the land on which the facilities are located must submit a request to transfer the consumptive use permit (CUP) in accordance with Rule 40C-1.612, F.A.C. Although the use of this form is not required, it can facilitate transfer of the CUP.

If you wish to change the permitted authorization (e.g., change project acreage, use type, or any activity authorized by the existing CUP), please be advised that a separate modification of the CUP will be required. The transfer of a permit does not relieve the new landowner from obtaining any necessary federal, state, local, or other District authorizations.

SECTION I – CONTACT INFORMATION

1. **APPLICANT** (Complete legal name in which permit should be issued)

NAME: _____

If applicant is a business, provide a contact person: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (_____) _____ CELL PHONE: (_____) _____

EMAIL ADDRESS: _____

Do you want all correspondence to be transmitted electronically to this email address? ☐ Yes ☐ No

Applicant is: ☐ Owner ☐ Lessee ☐ Other (explain) _____

Attach a copy of the current deed, lease, or other documentation evidencing control of the property or facilities.

2. **OWNER** (If different than applicant)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (_____) _____ CELL PHONE: (_____) _____

EMAIL ADDRESS: _____

3. **COMPLIANCE CONTACT** (Person responsible for ensuring that the permit conditions are met)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (_____) _____ CELL PHONE: (_____) _____

EMAIL ADDRESS: _____

SECTION II – PROJECT INFORMATION

1. **CONSUMPTIVE USE PERMIT NO. :** _____
2. **NEW PROJECT NAME:** _____ **COUNTY:** _____
- PHYSICAL ADDRESS:** _____
- PARCEL ID(s):** _____

SECTION III – PERMITTEE DECLARATION OR DECLARATION OF NO ACCESS

1. CURRENT PERMITTEE'S DECLARATION TO TRANSFER PERMIT

NAME: _____

If permittee is a business entity, provide a contact person: _____

Attach documentation showing the contact person is an authorized agent of the permittee.

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (_____) _____ CELL PHONE: (_____) _____

EMAIL ADDRESS: _____

I hereby request that the St. Johns River Water Management District transfer and assign all rights and privileges conferred by the permit listed above to the transfer recipient.

NAME
(print or type)

SIGNATURE

DATE

2. DECLARATION OF NO ACCESS

(Only complete this section if the current permittee does not sign Section III, part 1, shown above.)

I swear or affirm the truth of the following statements, with the knowledge that the SJRWMD will be relying upon these representations.

I, _____, acquired ownership or legal control of the permitted water
(name)
withdrawal or diversion facilities or the land on which the facilities are located on _____,
(date)
from _____, the person or entity currently holding permit number _____.
(name) (CUP No.)

The current permittee retained no right or interest in the property or the permitted facilities. The current permittee has no right of access to the facilities located on the property and I will not grant the current permittee any access to the facilities.

NAME
(print or type)

SIGNATURE

DATE

SECTION IV – APPLICANT CERTIFICATION

The undersigned hereby notifies the District that I have acquired ownership or legal control of the permitted water withdrawal or diversion facilities or the land on which the facilities are located. I request that the permit be transferred and that it reflect that I agree to be the new permittee and I agree to continue to use water in the same manner as the current permittee (unless I first obtain a permit modification). By so doing, I acknowledge that I have examined the permit terms and conditions, and agree to accept all rights and obligations as permittee, including agreeing to be liable for compliance with all of the permit terms and conditions, and to be liable for any corrective actions required as a result of any violations of the permit after approval of this transfer by the District.

I certify all of the information provided on this form and in any attachment to it is correct. I understand that any material false statement in an application to continue, initiate, or modify a use, or any material false statement in any report or statement of fact required of the permittee, may result in revocation, in whole or in part, of the permit (Section 373.243(1), F.S.).

APPLICANT'S NAME
(*print or type*)

APPLICANT'S SIGNATURE

DATE

AUTHORIZED AGENT'S NAME
(*print or type*)

AUTHORIZED AGENT'S SIGNATURE

DATE

(If an agent is signing on behalf of the applicant, please provide separate documentation showing authorization to act on behalf of the applicant.)