(To be filled out by EPD) Green PLACE Record Number: 2022-PE-

Request for Parcel(s) Evaluation

Mail or Deliver To:
Orange County Environmental Protection Division
3165 McCrory Place, Suite 200
Orlando, Florida 32803
(407) 836-1400, Fax (407) 836-1499
GreenPLACE@ocfl.net

Please use this form when requesting Orange County's Green PLACE Program to evaluate a parcel(s) for either fee simple donation or acquisition.

Date Submitted:

SECTION 1

OWNER(S) OF THE LAND

Name: _____

Title and Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone and Fax: _____ Email: _____

AUTHORIZED AGENT(S)

Name: _____

Title and Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone and Fax: _____ Email: _____

SECTION 2 - GENERAL INFORMATION

- ☐ Street Address: _____
- ☐ Tax Parcel ID(s) _____ - _____ - _____ - _____ - _____ - _____

- ☐ Legal Description: _____
- ☐ Agent Authorization Form (if applicable)

(To be filled out by EPD) Green PLACE Record Number: 2021-PE-

SECTION 3

By signing this form, I am requesting or I am requesting on behalf of the property owner, that Orange County's Green PLACE Program evaluate the referenced parcel(s) for donation or acquisition.

_____

Typed/Printed Name of Owner or Authorized Agent

_____ _____

Signature of Owner/Agent Date

_____

(Corporate Title if applicable)

PERSON AUTHORIZING ACCESS TO THE PROPERTY MUST COMPLETE THE FOLLOWING:
I am either the property owner described in this application or I have the legal authority to allow access to the property, and I consent, after receiving prior notification, to any site visit on the property by personnel from Orange County necessary for the evaluation of the property. I authorize the personnel to enter as many times as may be necessary to make such evaluations.

Typed/Printed Owner name (or legal authority) Signature Date

_____

(Corporate Title if applicable)

(To be filledout by EPD) Green PLACE Record Number: 2021-PE-

AGENT AUTHORIZATION FORM

FOR PROJECTS LOCATED IN ORANGE COUNTY, FLORIDA

I/WE, (PRINT PROPERTY OWNER NAME) _____, AS THE OWNER(S) OF THE REAL PROPERTY DESCRIBED AS FOLLOWS, _____, DO HEREBY AUTHORIZE TO ACT AS MY/OUR AGENT (PRINT AGENT'S NAME), _____, TO EXECUTE ANY PETITIONS OR OTHER DOCUMENTS NECESSARY TO AFFECT THE REQUEST AND MORE SPECIFICALLY DESCRIBED AS FOLLOWS, _____, AND TO APPEAR ON MY/OUR BEHALF BEFORE ANY ADMINISTRATIVE OR LEGISLATIVE BODY IN THE COUNTY CONSIDERING THIS REQEUST AND TO ACT IN ALL RESPECTS AS OUR AGENT IN MATTERS PERTAINING TO THE REQUEST.

Date:_____ _____ _____
Signature of Property Owner Print Name Property Owner

Date:_____ _____ _____
Signature of Property Owner Print Name Property Owner

Date:_____ _____ _____
Signature of Property Owner Print Name Property Owner

Date:_____ _____ _____
Signature of Property Owner Print Name Property Owner

STATE OF FLORIDA
COUNTY OF_____

I certify that on _____, before me, _____, an officer duly authorized by the State of Florida and in the county mentioned above, to take acknowledgements, personally appeared _____, to me known to be the person described in this instrument or to have produced _____, as evidence, and who has acknowledged before me that he or she executed the instrument and did / did not take an oath.

Witness my hand and official seal in the county and state stated above on the _____ day of _____, in the year _____.

_____
Signature of Notary Public
(Notary Seal) Notary Public for the State of Florida
My Commission Expires: _____

Legal Description(s) or Parcel Identification Number(s) are required:
PARCEL ID #:
LEGAL DESCRIPTION: