



FINANCIAL ASSURANCE WORKSHEET

(Worksheet incorporated in Rule 62B-56.090, F.A.C.)

Form: 62B-56.900(2), F.A.C.
 Form Title: Financial Assurance Worksheet
 Effective: June 22, 2009.

INSTRUCTIONS:

Each permittee is required to maintain financial assurances to cover the cost of dune core removal and restoration of the project site, including topography and native beach dune vegetation and a one-time deferred removal cost, based on the project area's calculated costs, pursuant to Rule 62B-56.090, Florida Administrative Code (F.A.C.). Using the table below, calculate the cost related to dune removal for each dune feature or activity. Copies of Chapter 161, F.S., and Chapter 62B-56, F.A.C., as well as assistance from DEP staff, are available by calling (850) 488-7708.

A copy of this worksheet is required to be submitted with the application for construction and updated every five years, based on the anniversary date of permit issuance, and prior to transfer of the reconstructed dune permit [Rule 62B-56.090, F.A.C.].

REMOVAL AND RESTORATION COST:		UNIT COST \$	UNIT	QUANTITY	TOTAL \$
1.	Dune Core Dimensions:				
	Total length: _____ ft.				
	Highest Elevation: _____ ft.				
	Largest Width: _____ ft.				
	1) Preparation work (mobilization and demobilization of equipment, etc.)				
	2) Excavate and dispose of geotextile material and debris				
	3) Restore beach contours				
	4) Re-vegetate disturbed area with native indigenous beach dune vegetation				
	5) Engineering Fees				
	a. Total Dune Core Removal Costs				
	b. Removal Cost per sq. ft.				
2.	One-Time Deferred Removal Cost				
	1) Preparation work (mobilization and demobilization of equipment, etc.)				
	2) Sand replenishment				
	3) Engineering Fees				
	a. Total One-Time Deferred Removal Costs				
	b. One-Time Deferred Removal Cost per sq. ft.				
Grand Total (1a plus 2a)					

Type of Financial Assurance Document (check type)		
	Letter of Credit *	* Indicates mechanisms that require use of a Standby Trust Fund Agreement.
	Payment Bond *	
	Performance Bond *	
	Trust Fund Agreement	

Worksheet completed by:

Signature of engineer licensed in the State of Florida

Date

Typed or Printed Name of Engineer

State of Florida Registration Number

(Seal)

MAILING ADDRESS:

Please send this worksheet with proof of financial assurance to:
 Department of Environmental Protection
 Division of Water Resource Management
 Bureau of Beaches and Coastal Systems
 3900 Commonwealth Boulevard, Mail Station 300
 Tallahassee, Florida 32399-3000

If the worksheet is not submitted with an application form, please include the following information:

- Permit number (if known): _____ County: _____
- Applicant name: _____ Telephone number: _____