STATEMENT OF ELIGIBILITY

To be eligible for modification, a project must be identified and ranked as either a "Group A Project" or "Group B Project" on an approved acquisition list at the time that the modification proposal is submitted. This "Request for Modification," DEP Form #OGT-005, effective July 10, 2003, is prescribed for use in submitting requests for Group A or Group B Project modifications described in Section 62S-1.350(2), F.A.C.

GENERAL INSTRUCTIONS

1. All responses on the Request for Modification must be typed or legibly printed.

2. If additional space is needed for a response, check the box indicated and attach the additional sheet(s) necessary. Identify the information contained within each additional sheet by noting the item number of the Request for Modification to which it relates.

3. A completed Request for Modification must be received by the Office of Greenways and Trails at least ninety (90) days prior to the public hearing during which it will be considered by the Florida Greenways and Trails Council. The party seeking the modification must mail or deliver an original and twenty-four (24) first-generation copies of the Request for Modification, together with required attachments and other supporting documentation, to the Office of Greenways and Trails, Department of Environmental Protection, 3900 Commonwealth Blvd., Mail Station 795, Tallahassee, Florida 32399-3000. Faxed copies of the Request for Modification will not be accepted or returned.

REQUIRED ATTACHMENTS

If this Request for Modification involves the proposed acquisition of any lands located outside the project boundary as described in the original Application, the Request for Modification package submitted must include a "Willing Owner Certificate," DEP Form #OGT-004, effective July 10, 2003 completed and signed by the owner of each new or additional parcel, except for parcels to be acquired under Sections 253.781 - .782, F.S.

Return To: Office of Greenways and Trails
Department of Environmental Protection
3900 Commonwealth Blvd., Mail Station 795
Tallahassee, FL 32399-3000

RE: _____
Name of Project

_____
Address or Location of Project

FROM: _____
Name of Applicant

(Check one) ☐ Property Owner ☐ Managing Entity ☐ Sponsor of Project

_____
Address of Applicant

_____
City, State and Zip Code

(_____)_____ (_____)_____
Telephone Fax

SIGNATURE(S):

_____ _____
[Printed Name of Applicant] [Printed Name of Applicant, if more than one]

By: _____ By: _____

Print Name: _____ Print Name: _____

Title: _____ Title: _____

Date: _____ Date: _____

I. PURPOSE AND EFFECT OF MODIFICATION

Provide a general narrative description of the project modification requested; a statement indicating why the change is necessary; and an explanation of the effect on the project if the modification is not approved:

☐ Check if separate sheet attached and label the additional information “Item I.”

II. CHANGES TO ORIGINAL APPLICATION

Describe in detail all changes to the original project Application that would result if the requested modification is approved; for example, if this Request for Modification proposes the substitution of certain adjacent lands, items such as the Application's list of project parcels and the attached project site sketch, property appraiser assessment statements and county property appraiser maps would require revision to accurately reflect the project as modified:

☐ Check if separate sheet attached and label the additional information "Item II."