**Anexo 1**

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| **MODELO DE REQUERIMENTO PARA LICENCIAMENTO AMBIENTAL DE RECUPERAÇÃO DE ÁREAS DEGRADADAS**  À  Secretaria Municipal de Meio Ambiente – SEMMA  O requerente abaixo identificado solicita à Secretaria Municipal de Meio Ambiente de Guabiruba/SC - SEMMA, Licenciamento Ambiental de Recuperação de Áreas Degradadas, com base nas informações e documentos fornecidos, sob os quais o requerente assume total responsabilidade.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Dados Pessoais do (a) Requerente | | | | | | | | | | | | | | | | | | | | | | | | | RAZÃO SOCIAL/NOME: | | | | | |  | | | | | | | | | | | | | | | | | | | CNPJ/CPF: | |  | | | | | | | | | | | | | | | | | | | | | | | **Endereço do (a) Requerente** | | | | | | | | | | | | | | | | | | | | | | | | | CEP: |  | | | | | | LOGRADOURO: | | | | |  | | | | | | | | | | | | | COMPLEMENTO: | | | | |  | | | | | | | | | | | | | BAIRRO: | |  | | | | | MUNICÍPIO: | | |  | | | | | | UF: | |  | | | | DDD: | | |  | | TELEFONE: | |  | | | **Dados do Empreendimento** | | | | | | | | | | | | | | | | | | | | | | | | | RAZÃO SOCIAL/NOME: | | | | | |  | | | | | | | | | | | | | | | | | | | CNPJ/CPF: | | |  | | | | | | | | | | | | | | | | | | | | | | Endereço do Empreendimento | | | | | | | | | | | | | | | | | | | | | | | | | CEP: |  | | | | | | | LOGRADOURO: | | | | | |  | | | | | | | | | | | COMPLEMENTO: | | | | |  | | | | | | | | | | | BAIRRO: | | |  | | | | | | MUNICÍPIO: | | | GUABIRUBA | | | | | | | UF: | | | SC | | | TELEFONE: | | |  | | | | | | ÁREA TOTAL DA PROPRIEDADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hectares ou metros ². | | | | | | | | | | | | | | | | | | | | | | | | | **JUSTIFICATIVA DO REQUERIMENTO DE LICENCIAMENTO AMBIENTAL DE RECUPERAÇÃO DE ÁREAS DEGRADADAS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | Nestes termos, pede deferimento. | | | | | | | | | | | | | | | | | | | | | | | | | Local e data | | | | , | | | | | | | |  | | | de | |  | | | | de | |  | | NOME/ASSINATURA DO(A) REQUERENTE: | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |

**Anexo 2**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| MODELO DE PROCURAÇÃO DE LICENCIAMENTO AMBIENTAL DE RECUPERAÇÃO DE ÁREAS DEGRADADAS   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Pelo presente instrumento particular de procuração, o(a) outorgante abaixo qualificado(a), nomeia e constitui seu bastante procurador(a) o(a) outorgado(a) abaixo qualificado(a) para representá-lo(a) junto à Secretaria Municipal de Meio Ambiente de Guabiruba/SC – SEMMA, no processo de licenciamento ambiental de recuperação de áreas degradadas da área abaixo qualificada. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Dados do(a) Outorgante** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | RAZÃO SOCIAL/NOME: | | | | | | | |  | | | | | | | | | | | | | NACIONALIDADE: | | | | | |  | | | ESTADO CIVIL: | | | | | |  | | | | PROFISSÃO: | | | |  | | | | | | | | CARGO: | | | |  | | | | EMPRESA: | | | |  | | | | | | | | | | | | | | | CNPJ/CPF: | | | | |  | | | | | | **Endereço do(a) outorgante** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CEP: | |  | | | | | LOGRADOURO: | | | |  | | | | | | | | | | | | | | | | | | | COMPLEMENTO: | | | | | |  | | | | | | | | | | | | | | | | BAIRRO: | | | |  | | | | MUNICÍPIO: | | | |  | | | | | | | | | | | | | | | | | | UF: | | |  | | | | | **Dados do(a) Outorgado(a)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | RAZÃO SOCIAL/NOME: | | | | | | | |  | | | | | | | | | | | | | NACIONALIDADE: | | | | | |  | | | ESTADO CIVIL: | | | | |  | | | | | PROFISSÃO: | | | | |  | | | | | | | CARGO: | | | |  | | | | RG: |  | | | | | | | | | | | | | | | | CNPJ/CPF: | | | | |  | | | | | | | | **Endereço do(a) Outorgado(a)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CEP: | |  | | | | | | | LOGRADOURO: | | |  | | | | | | | | | | | | | | | | | | COMPLEMENTO: | | | | | |  | | | | | | | | | | | | | | | | BAIRRO: | | | |  | | | | MUNICÍPIO: | | | |  | | | | | | | | | | | | | | | | | | UF: | | |  | | | | | Dados da Área do Empreendimento/Atividade | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | EMPREENDIMENTO/ATIVIDADE: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | CEP: | |  | | | | | | | LOGRADOURO: | | |  | | | | | | | | | | | | | | | | | | BAIRRO: | | |  | | | | | | | | | | | | | | | MUNICÍPIO: | | | | | GUABIRUBA | | | | | | | UF: | SANTA CATARINA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Assinaturas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Local e data | | | | | **,** | | | | | | | |  | | | | de | | |  | | | | | de | | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Outorgante | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Outorgado(a) | | | | | | | | | | | | | |

**Anexo 3**

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| --- |
| **MODELO DE DECLARAÇÃO – ITENS AUSENTES**  Eu, técnico responsável pelo processo, declaro para fins de análise ambiental da SEMMA que os itens abaixo elencados não foram apresentados pela seguinte justificativa:  ITEM ( ) - JUSTIFICATIVA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ITEM ( ) - JUSTIFICATIVA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ITEM ( ) - JUSTIFICATIVA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ITEM ( ) - JUSTIFICATIVA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ITEM ( ) - JUSTIFICATIVA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ITEM ( ) - JUSTIFICATIVA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Técnico Responsável  N.° Registro: |

**Anexo 4**

**ÁREA EM RECUPERAÇÃO AMBIENTAL**

Detentor: <*nome*>

Responsável Técnico: <*nome, nºdo CREA e nº da ART*>

Prazo de execução: <*xx/xx/2015 a xx/xx/2018*>

Autorização nº: <*xx/2015*>

<<*tamanho mínimo 60x50cm*>>

**Anexo 5**

**ENDEREÇO DA SECRETARIA MUNICIPAL DE MEIO AMBIENTE DE GUABIRUBA/SC - SEMMA**

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| Endereço: Rua Brusque, nº 344, Centro  CEP 88360-000 – Guabiruba – Santa Catarina  Fone: +55 47 3354-0141  E-mail: meioambiente@guabiruba.sc.gov.br  URL: www.guabiruba.sc.gov.br |