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	Date Rece	ıved	Projec	t Use Codes
	Assigned I	Reviewers -	1 10,00	Reviewer # s
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	SEC	TION A		
Are any of the activities desco	ribed in this applica	ation proposed to	occur in, or	
other surface waters?				yes <u>X</u> no
A Type of Environment Noticed General - inclu	ıde ınformatıon requ	uested in Section	В	•
 , , ,		•		ested in Sections C and D
x Standard General (all o				
Individual (Single Fam	ily Dwelling) - incli	ude information r	equested in	Sections C and D
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Conceptual - include in	formation requested	d in Sections C an	id E	
Mitigation Bank Permi	t (construction) inc	clude information	requested i	in Sections C and F
(If the proposed miti	gation bank involve	s the construction	n of a surfac	e water management
system requiring and	ther permit defined	above, check the	appropriate	box and submit the
information requeste			• • •	
Mitigation Bank (conce	eptual) - include infe	ormation requeste	d in Section	ns C and F
Standard General Storm				
Individual Stormwater				
		•		
B Type of activity for w.	hich you are apply	ing (check at lea	st one)	
				g in, on or over wetlands
and other surface wa		0 0	, 0	,
		tem which was no	nt previously	y permitted by a WMD or
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x Modification of a syste	m previously permi	tted by a WMD o	r DEP Prov	vide previous permit
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C Are you requesting au	thorization to use	State Owned Sul	bmerged I	ands? ves X no
(If yes, include the information			omerged D	
(1.) es, merade me miorman	sii requesica iii seei	ilon G)		
and fill permit reques	ted N/A	other surface wa	ters, check	type of federal dredge
Individual	Drogram matte	General		RECEIVED
General	Nationwide			DEOFIVE
	_ _			
E Are you claiming to qual	lify for an exemption	on ⁹ yes _X _i	10	AUG 2 4 2009
If yes provide rule number if				
-				PDS
				ALTAMONTE SVC CEN

1.

NAME LAKE COUNTY BOARD OF COUNTY COMMISSIONERS ADDRESS 315 W MAIN STREET CITY, STATE, ZIP TAVARES, FL 32778 COMPANY AND TITLE COMPANY AND TITLE TELEPHONE (352) 483-9005 FAX () 352-483-9015 AGENT AUTHORIZED TO SECURE PERMIT (IF AN AGENT IS USED) NAME COMPANY AND TITLE ADDRESS CITY, STATE, ZIP CITY STATE, ZIP CITY STATE, ZIP TELEPHONE () FAX () FAX () FAX () STATE, ZIP TELEPHONE () FAX () FAX () FAX () AGENT TELEPHONE () FAX ()	OWNER(S) OF LAND	ENTITY TO RECEIVE PERMIT (IF OTHER THAN OWNER)
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By signing and submitting this application form, I am applying, or I am applying on behalf of the applicant, for the permit and any proprietary authorizations identified above, according to the supporting data and other incidental information filed with this application. I am familiar with the information contained in this application, and represent that such information is true complete and accurate. I understand this is an application and not a permit, and work prior to approval is a violation. I understand that this application and any permit issued or proprietary authorization issued pursuant thereto, does not relieve me of any obligation for obtaining any other required federal, state, water management district or local permit prior to commencement of construction. I agree, or I agree on behalf of my corporation, to operate and maintain the permitted system unless the permitting agency authorizes transfer of the permit to a responsible operation entity. I understand that knowingly making any false statement or representation in this application is a violation of Section 373 430, F.S., and 18 U.S.C. Section 1001

JAMES A STIVENDER, JR , ALE & R &

Typed/Printed Name of Applicant (The Agent is used) or Agent (If one is so authorized below)

PUBLIC WORKS DIRECTOR

Signature of Applicant/Agent Date

(Corporate Title if applicable)

An Agent May Sign Above Only If the Applicant Completes The Following

I hereby designate and authorize the agent listed above to act on my behalf, or on behalf of my corporation, as the agent in the processing of this application for the permit and/or proprietary authorization indicated above, and to furnish, on request, supplemental information in support of the application. In addition, I designate and authorize the above-listed agent to bind me, or my corporation, to perform any requirement which may be necessary to procure the permit or authorization indicated above. I understand that knowingly making any false statement or representation in this application is a violation of Section 373 430, F. S., and 18 U.S.C. Section 1001

Typed/Printed Name of Applicant Signature of Applicant Date

(Corporate Title if applicable)

Please note The applicant's original signature (not a copy) is required above

Person Authorizing Access To The Property Must Complete The Following

I either own the property described in this application or I have legal authority to allow access to the property, and I consent, after receiving prior notification, to any site visit on the property by agents or personnel from the Department of Environmental Protection, the Water Management District and the U S Army Corps of Engineers necessary for the review and inspection of the proposed project specified in this application. I authorize these agents or personnel to enter the property as many times as may be necessary to make such review and inspection. Further, I agree to attribute entry to the project site for such agents or personnel to monitor permitted work if a permit is granted.

JAMES A STIVENDER, JR, PE, PLS

Typed/Printed Name Signature Date

PUBLIC WORKS DIRECTOR

(Corporate Title if applicable)