



# APPLICATION

## 1719

# Permit Data Services Assignment Sheet

28-Mar-00

**Application Number:** 40-069-19451-4

**Project Name:** Clubhouse @ Legends

**Date Received:** 3/17/2000

**Comments:**

**Application Complete:** No

**If Application is incomplete please check appropriate Box!**

---

**Authorization from Owner for Applicant:** 5

**Signatures:** 5

**Signature by Agent:** 5

**Copies of Application:** 5

**Location Map:** 5

**Fee:** 1

---

**Comments:**

ROD PAKZADIAN	ENGINEER	ORL
BARBARA PRYNOSKI	ENVIRONMENTAL SPECIALIST	ORL

**Data Capture Person:** Lisette Bonilla

**Date Routed:** 3-28-2000

# Fee Receipt

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

P. O. Box 1429

Palatka, FL 32178-1429

# 40-069-19451-4

Date: Mar. 17, 2000

By: Lucille C. Walsh

RECEIPT #: 8085

RECEIVED FROM: Farner Barley And Associates

THE SUM OF: \$1,000.00

FOR: Application Fee

## FEE DETAIL INFORMATION

F/A Receipt                      019950-1                      \$1,000.00

(8085)

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**  
P.O. Box 1429  
Palatka, Florida 32178-1429

019950-1  
DATE 3-17-2000

RECEIVED FROM FARNER BARLEY

THE SUM OF CLUB house bldg DOLLARS \$ 1,000.00

FOR AT LEGENDS

AMOUNT OF ACCOUNT \$1000 CR 010575

AMOUNT PAID.....\$ \_\_\_\_\_

BALANCE DUE.....\$ \_\_\_\_\_

CASH     CHECK     M.O.     CREDIT CARD

BY Christa Don

*Thank You!*



**FARNER  
BARLEY** ▲ ENGINEERS  
▲ SURVEYORS  
▲ PLANNERS

AND ASSOCIATES, INC.

350 North Sinclair Avenue, Tavares, Florida 32778

Florida Choice Bank  
Mount Dora, Florida 32757  
63-1463/631

010575

CHECK DATE

March 16, 2000

PAY

One Thousand and 00/100 Dollars

TO

St. Johns River Water Management

AMOUNT

\$1,000.00

FARNER BARLEY AND ASSOCIATES, INC.

*Jimmy Turner*

AUTHORIZED SIGNATURE

Security Check features included. Details on back.

RECEIVED

MAR 17 2000  
40-069-19451-4  
PDS  
ORLANDO  
SJR MMMD

# 40-069-19451-4

GRS CHECK OFF LIST

MSSW# 40-069-19451-4  
(FROM THE PRIME SYSTEM)

DATE-RECEIVED 3-17-2000

DATE-ENTERED 3-27-2000

FEE RECEIPT# 0-01980 GRS RECEIPT# 885

SUBMITTALS  
GRS# 4451

PROJECT HEADER

Date Access  
3-28-2000 MP

ADDRESS  
OWNER

APPLICANT

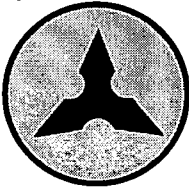
AGENT  
*Consultant*  
OTHER

SITE

TECHNICAL DATA

DATA CAPTURED

INITIALS 3-27-2000 MP



**FARNER  
BARLEY**  
AND ASSOCIATES, INC.

ENGINEERS ▲ SURVEYORS ▲ PLANNERS

**VIA FEDERAL EXPRESS**

March 16, 2000

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
618 E. South Street  
Orlando, Florida 32801

**RE: CLUBHOUSE @ LEGENDS (FBA #961504.037)**

To Whom It May Concern:

Enclosed please find the following with regards to the above-referenced project:

1. Original and five (5) copies of the ERP stormwater permit application.
2. Five sets of construction drawings (signed, sealed, & dated).
3. Five (5) sets of Stormwater Calculations (signed, sealed & dated).
4. Five (5) Notice and Receipt Forms.
5. Check in the amount of \$1,000.00.

Should you have any questions with regards to this matter, please feel free to contact our office.

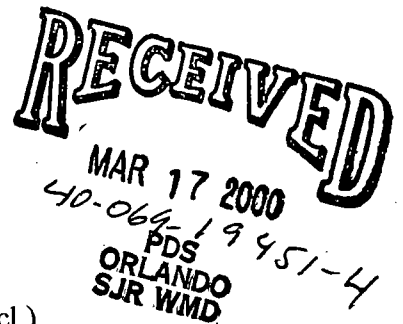
Sincerely,  
FARNER, BARLEY & ASSOCIATES, INC.

  
Duane K. Booth, P.E., Project Engineer

DKB/am

Enclosures

cc: Mr. Rob Ahrens, Lennar Homes, Inc.-Altamonte Springs (w/out encl.)



C:\My Documents\WordPerfect-9.0\KINGSRID\LEGENDS\Clubhouse\SJRWMD\GENERAL\submittal.ltr.wpd

FOR AGENCY USE ONLY

ACOE Application # \_\_\_\_\_ SJR Application # 40-069-19451-4  
 Date Application Received \_\_\_\_\_ Date Application Received 3-17-2000  
 Proposed Project Lat. \_\_\_\_\_ Fee Received \$ 1000.00  
 Proposed Project Long \_\_\_\_\_ Fee Receipt # 0-019950-1 (8085)  
 Date Received \_\_\_\_\_ Project Use Codes \_\_\_\_\_  
 Assigned Reviewers Parkzadian Reviewer's Trynoski

SECTION A

Are any of the activities described in this application proposed to occur in, on, or over wetlands or other surface waters? yes  no

A. Type of Environmental Resource Permit Requested (check at least one)

- Noticed General - include information requested in Section B.
- Standard General (Single Family Dwelling) - include information requested in Sections C and D.
- Standard General (all other projects) - include information requested in Sections C and E.
- Individual (Single Family Dwelling) - include information requested in Sections C and D.
- Individual (all other projects) - include information requested in Sections C and E.
- Conceptual - include information requested in Sections C and E.
- Mitigation Bank Permit (construction) - include information requested in Sections C and F.  
( If the proposed mitigation bank involves the construction of a surface water management system requiring another permit defined above, check the appropriate box and submit the information requested by the applicable section. )
- Mitigation Bank (conceptual) - include information requested in Sections C and F.
- Standard General Stormwater - include information requested in Sections C and H
- Individual Stormwater - include information requested in Sections C and H

B. Type of activity for which you are applying (check at least one)

- (Construction and operation of a new system including dredging or filling in, on or over wetlands and other surface waters.)
- Alteration and operation of an existing system which was not previously permitted by a WMD or DEP.
- Modification of a system previously permitted by a WMD or DEP. Provide previous permit numbers:  
Permit #4-069-0357-ERP

- Alteration and operation of a system
- Abandonment of a system
- Removal of a system
- Extension of permit duration
- Construction and operation of additional phases of a system

C. Are you requesting authorization to use State Owned Submerged Lands? yes  no  
(If yes, include the information requested in Section G.)

D. For activities in, on or over wetlands or other surface waters, check type of federal dredge and fill permit requested: N/A

- Individual
- General
- Programmatic General
- Nationwide

E. Are you claiming to qualify for an exemption? yes  no  
If yes provide rule number if known \_\_\_\_\_

RECEIVED

MAR 17 2000  
40-069-19451-4  
PDS  
ORLANDO  
SJR WMD

OWNER(S) OF LAND	ENTITY TO RECEIVE PERMIT (IF OTHER THAN OWNER)
NAME ROBERT AHRENS	NAME
ADDRESS 1110 DOUGLAS AVENUE, SUITE 2040	ADDRESS
CITY, STATE, ZIP ALTAMONTE SPRINGS, FL 32714	CITY, STATE, ZIP
COMPANY AND TITLE LENNAR HOMES, INC. / VICE PRESIDENT	COMPANY AND TITLE
TELEPHONE (407) 682-9291 FAX (407) 682-1977	TELEPHONE FAX
AGENT AUTHORIZED TO SECURE PERMIT (IF AN AGENT IS USED)	CONSULTANT (IF DIFFERENT FROM AGENT)
NAME	NAME Duane K. Booth, P.E.
COMPANY AND TITLE	COMPANY AND TITLE Farmer, Barley & Associates, Inc.
ADDRESS	ADDRESS 350 North Sinclair Avenue
CITY, STATE, ZIP	CITY, STATE, ZIP Tavares, Florida 32778
TELEPHONE ( ) FAX ( )	TELEPHONE ( 352 ) 343-8481 FAX ( 352 ) 343-8495
Name of project, including phase if applicable: <u>CLUBHOUSE @ LEGENDS</u>	
Is this application for part of a multi-phase project? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
Total applicant-owned area contiguous to the project <u>403</u> ac	
Total project area for which a permit is sought <u>7.44</u> ac	
Impervious area for which a permit is sought <u>3.72</u> ac	
What is the total area (metric equivalent for federally funded projects) of work in, on or over wetlands or other surface waters? <u>N/A</u> acres _____ square feet _____ hectares _____ square meters	
If a docking facility, the number of proposed new slips _____	
Project location (use additional sheets, if needed)	
County(ies) <u>Lake</u>	
Section(s) <u>8 &amp; 9</u> Township(s) <u>23S</u> Range(s) <u>26E</u>	
Section(s) _____ Township(s) _____ Range(s) _____	
Land Grant name, if applicable <u>N/A</u>	
Tax Parcel Identification Number <u>N/A</u>	
Street address, road, or other location <u>LEGENDARY BLVD.</u>	
City, Zip Code if applicable <u>CLERMONT, FL</u>	



Describe, in general terms, the proposed project, system or activity.

Golf Course Clubhouse and Cart Barn. Conveyance of 25 year/96 hour storm event to previously approved stormwater management system.

If there have been any pre-application meetings, including at the project site, with regulatory staff, please list the date(s), location(s), and names of key staff and project representatives.

N/A

Please identify by number any MSSW/Wetland Resource/ERP/ACOE permits pending, issued or denied for projects at the location and any related enforcement actions.

Agency	Date	No. \Type of Application	Action Taken(Pending/Issued/Denied)
N/A			

**Note:** The following information is required for projects proposed to occur in, on or over wetlands or other surface waters that need a federal dredge and fill permit and/or authorization to use state owned submerged lands. Please provide the names, addresses and zip codes of property owners whose property directly adjoins the project (excluding applicant). Please attach a plan view showing the owner's names and adjoining property lines. Attach additional sheets if necessary.

1. N/A

2.

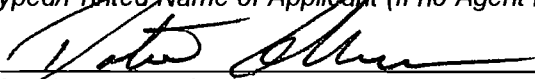
3.

4.

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.

**ROBERT AHRENS**

Typed/Printed Name of Applicant (If no Agent is used) or Agent (If one is so authorized below)

  
Signature of Applicant/Agent

Date

**VICE PRESIDENT**

(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)

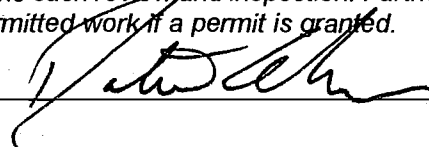
**Please note: The applicant's original signature (not a copy) is required above.**

**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 provide entry to the project site for such agents or personnel to monitor permitted work if a permit is granted.

**ROBERT AHRENS**

Typed/Printed Name



Signature

Date

**VICE PRESIDENT**

(Corporate Title if applicable)

SECTION C  
ENVIRONMENTAL RESOURCE PERMIT NOTICE OF RECEIPT OF APPLICATION

APR 11 2000

This information is required in addition to that required in other sections of the application. Please submit PDS five copies of this notice of receipt of application and all attachments. Please submit all information on 8 1/2" x 11" paper.

Project Name: LEGENDS PHASE II County: LAKE  
Owner: LENNAR LAND PARTNERS, A FLORIDA GENERAL PARTNERSHIP  
Applicant: SAME AS ABOVE  
Applicant's Address: 1110 DOUGLAS AVENUE, SUITE 2040, ALTAMONTE SPRINGS, FL 32714

1. Indicate the project boundaries on a USGS quadrangle map reduced or enlarged as necessary to legibly show the entire project. If not apparent from the quad map, attach a location map showing a north arrow and a graphic scale; Section(s), Township(s), and Range(s); and sufficient detail to allow a person unfamiliar with the site to find it.
2. Provide the names of all wetlands, or other surface waters that would be dredged, filled, impounded, diverted, drained, or would receive discharge (either directly or indirectly), or would otherwise be impacted by the proposed activity, and specify if they are in an Outstanding Florida Water or Aquatic Preserve:  
No name pond.
3. Attach a depiction (plan and section views), which clearly shows the works or other facilities proposed to be constructed. Use a scale sufficient to show the location and type of works. Use multiple sheets, if necessary.
4. Briefly describe the proposed project (such as "construct a deck with boatshelter", "replace two existing culverts", "construct surface water management system to serve 150 acre residential development"):  
Surface Water Management System to serve 48.88 acre residential development.
5. Specify the acreage of wetlands or other surface waters, if any, that are proposed to be disturbed, filled, excavated, or otherwise impacted by the proposed activity:  
0
6. Provide a brief statement describing any proposed mitigation for impacts to wetlands and other surface waters (attach additional sheets if necessary):  
N/A

FOR AGENCY USE ONLY

Application Name: \_\_\_\_\_  
Application Number: 4-069-0357AM2-ERP  
Office where the application can be inspected: Orlando  
Date to be posted: 4-10-2000  
Date to be removed: 4-25-2000

RECEIVED

APR 03 2000  
4-069-0357AM2-ERP  
PDS  
ORLANDO  
SJR WMD X

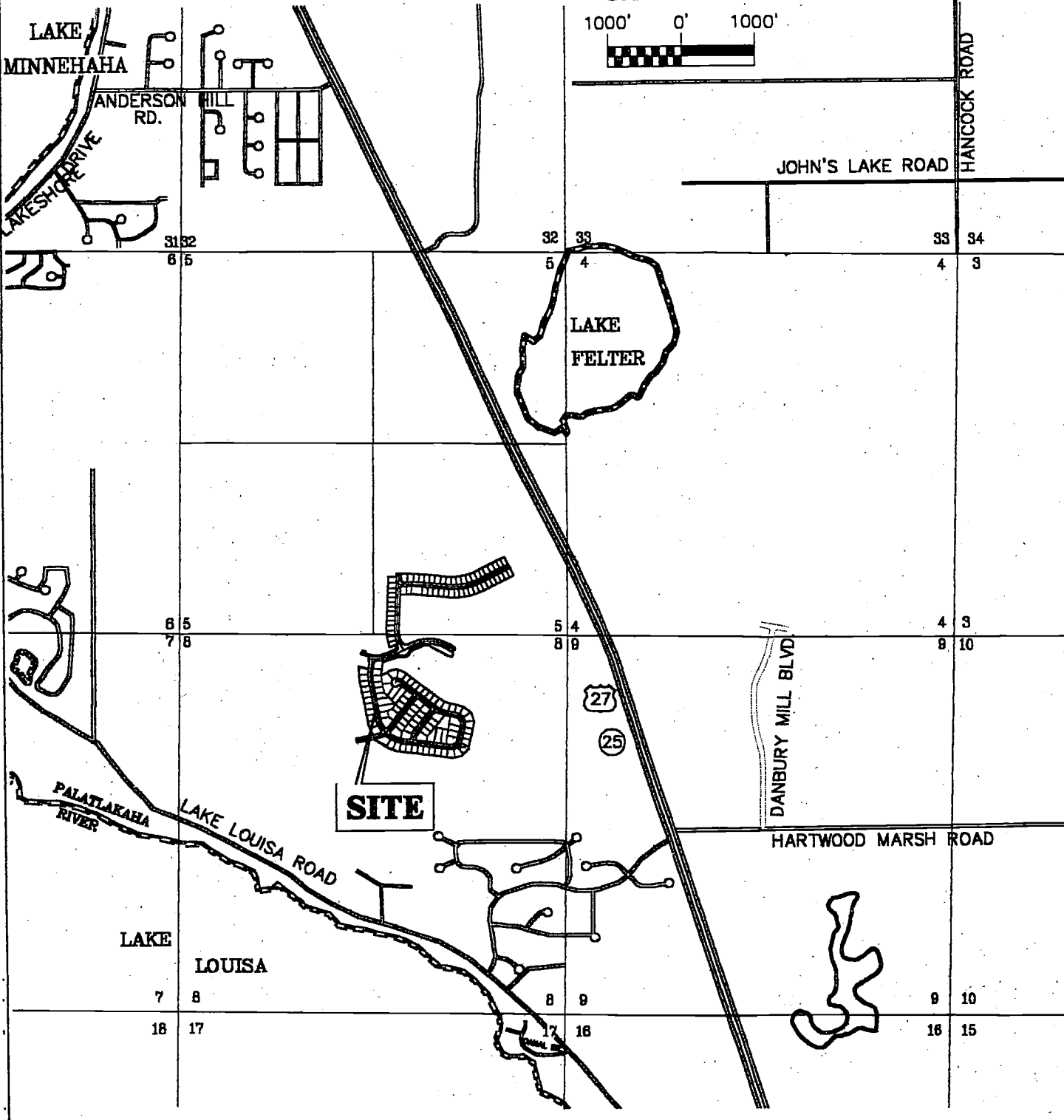
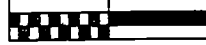
## **PROJECT SUMMARY**

Surface Water Management System to serve 48.88 acre residential development.



Scale: 1"=2000'

1000' 0' 1000'



**SITE**

**LEGENDS PHASE II  
AT CLERMONT**

**LOCATION MAP**



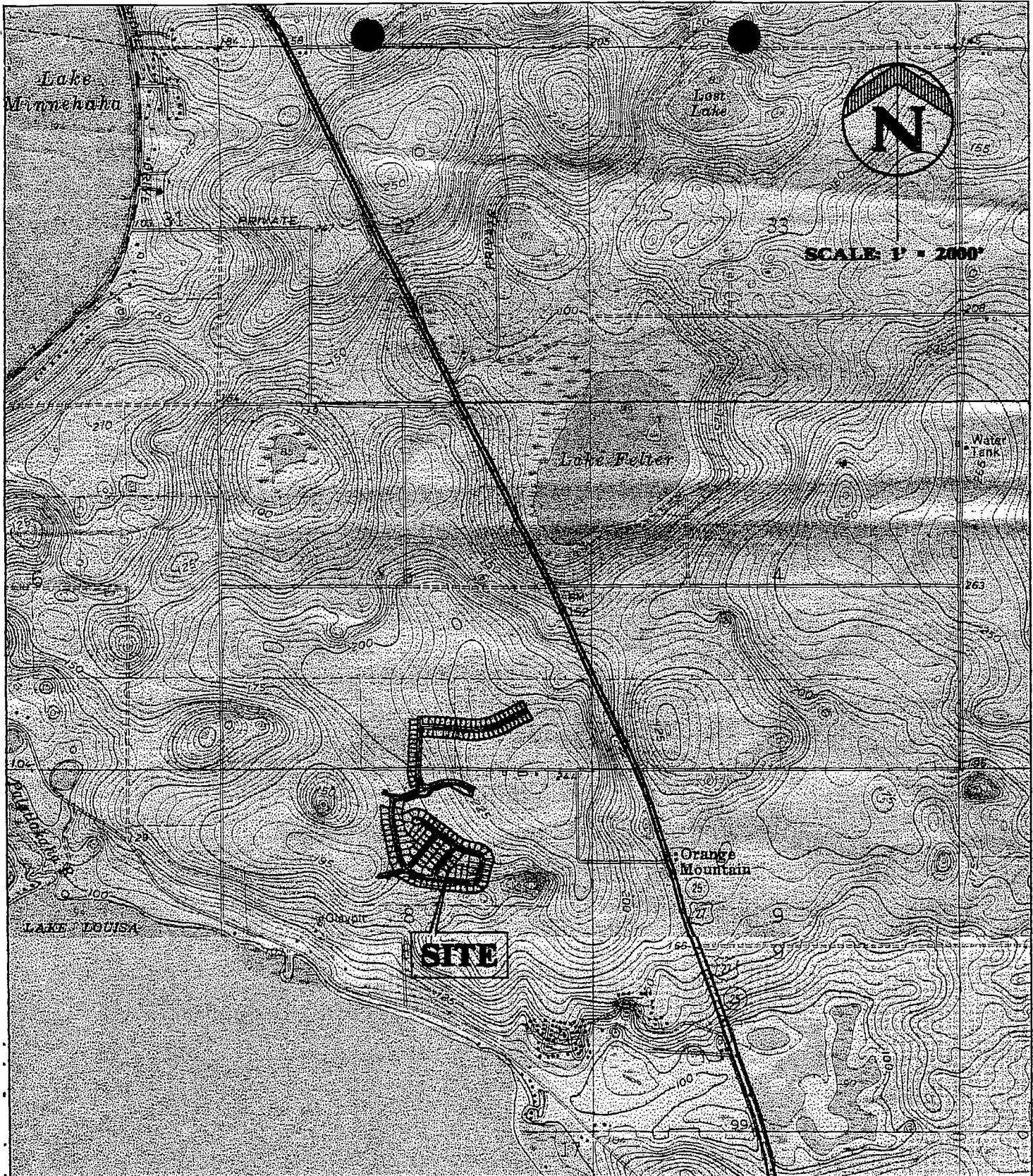
**FARNER  
BARLEY  
AND ASSOCIATES, INC.**

▲ ENGINEERS  
▲ SURVEYORS  
▲ PLANNERS

880 North Granger Avenue • Tampa, Florida 33606 • (813) 242-6461

DATE: MARCH 26, 2000

JOB NO. 961604.036



**CLERMONT EAST QUADRANGLE FLORIDA  
LAKE LOUISA EAST QUADRANGLE FLORIDA**

**BEST AVAILABLE COPY**



**FARNER  
BEBLEY  
AND ASSOCIATES, INC.**

▲ ENGINEERS  
▲ SURVEYORS  
▲ PLANNERS

3802 North Birchwood Avenue, O. Tallahassee, Florida 32376 © 1992 843-6481

**LEGENDS PHASE II  
AT CLERMONT**

**USGS MAP**

DATE MARCH 26, 2000

JOB NO. 941504.036

FOR AGENCY USE ONLY

ACOE Application # \_\_\_\_\_ SJR Application # 4-069-0357AM2-ERP  
 Date Application Received \_\_\_\_\_ Date Application Received 4-3-2000  
 Proposed Project Lat. \_\_\_\_\_ Fee Received \$ 1000.00  
 Proposed Project Long. \_\_\_\_\_ Fee Receipt # D-020020-1 (8266)  
 Date Received \_\_\_\_\_ Project Use Codes \_\_\_\_\_  
 Assigned Reviewers Parzadian Reviewer#s Prynoski

SECTION A

Are any of the activities described in this application proposed to occur in, on, or over wetlands or other surface waters?     yes   X   no

A. Type of Environmental Resource Permit Requested (check at least one)

- Noticed General - include information requested in Section B.
- Standard General (Single Family Dwelling) - include information requested in Sections C and D.
- X   Standard General (all other projects) - include information requested in Sections C and E.
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( If the proposed mitigation bank involves the construction of a surface water management system requiring another permit defined above, check the appropriate box and submit the information requested by the applicable section. )
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B. Type of activity for which you are applying (check at least one)

- (Construction and operation of a new system including dredging or filling in, on or over wetlands and other surface waters.)
- Alteration and operation of an existing system which was not previously permitted by a WMD or DEP.
- X   Modification of a system previously permitted by a WMD or DEP. Provide previous permit numbers:  
Permit #4-069-0357-ERP

- Alteration and operation of a system
- Abandonment of a system
- Removal of a system
- Extension of permit duration
- X   Construction and operation of additional phases of a system

C. Are you requesting authorization to use State Owned Submerged Lands?     yes   X   no  
(If yes, include the information requested in Section G.)

D. For activities in, on or over wetlands or other surface waters, check type of federal dredge and fill permit requested: N/A

- Individual
- General
- Programmatic General
- Nationwide

E. Are you claiming to qualify for an exemption?     yes   X   no  
If yes provide rule number if known \_\_\_\_\_

RECEIVED  
APR 03 2000  
4-069-0357AM2-ERP

PDS  
ORLANDO  
SJR WMD

OWNER(S) OF LAND	ENTITY TO RECEIVE PERMIT (IF OTHER THAN OWNER)
NAME ROBERT AHRENS	NAME
ADDRESS 1110 DOUGLAS AVENUE, SUITE 2040	ADDRESS
CITY, STATE, ZIP ALTAMONTE SPRINGS, FL 32714	CITY, STATE, ZIP
COMPANY AND TITLE LENNAR HOMES, INC. / VICE PRESIDENT	COMPANY AND TITLE
TELEPHONE (407) 682-9291 FAX (407) 682-1977	TELEPHONE FAX
AGENT AUTHORIZED TO SECURE PERMIT (IF AN AGENT IS USED)	CONSULTANT (IF DIFFERENT FROM AGENT)
NAME	NAME Duane K. Booth, P.E.
COMPANY AND TITLE	COMPANY AND TITLE Farner, Barley & Associates, Inc.
ADDRESS	ADDRESS 350 North Sinclair Avenue
CITY, STATE, ZIP	CITY, STATE, ZIP Tavares, Florida 32778
TELEPHONE ( ) FAX ( )	TELEPHONE ( 352 ) 343-8481 FAX ( 352 ) 343-8495
Name of project, including phase if applicable: <u>LEGENDS PHASE II</u>	
Is this application for part of a multi-phase project? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
Total applicant-owned area contiguous to the project <u>403</u> ac	
Total project area for which a permit is sought <u>48.88</u> ac	
Impervious area for which a permit is sought <u>20.78</u> ac	
What is the total area (metric equivalent for federally funded projects) of work in, on or over wetlands or other surface waters: <u>N/A</u> acres _____ square feet _____ hectares _____ square meters	
If a docking facility, the number of proposed new slips _____	
<b>Project location</b> (use additional sheets, if needed)	
County(ies) <u>Lake</u>	
Section(s) <u>5 &amp; 8</u> Township(s) <u>23S</u> Range(s) <u>26E</u>	
Section(s) _____ Township(s) _____ Range(s) _____	
Land Grant name, if applicable <u>N/A</u>	
Tax Parcel Identification Number <u>N/A</u>	
Street address, road, or other location <u>LEGENDARY BLVD.</u>	
City, Zip Code if applicable <u>CLERMONT, FL</u>	



Describe, in general terms, the proposed project, system or activity.

Surface Water Management System to serve 48.88 acre residential development.

If there have been any pre-application meetings, including at the project site, with regulatory staff, please list the date(s), location(s), and names of key staff and project representatives.

N/A

Please identify by number any MSSW/Wetland Resource/ERP/ACOE permits pending, issued or denied for projects at the location and any related enforcement actions.

Agency	Date	No. \ Type of Application	Action Taken (Pending/Issued/Denied)
N/A			

**Note: The following information is required for projects proposed to occur in, on or over wetlands or other surface waters that need a federal dredge and fill permit and/or authorization to use state owned submerged lands. Please provide the names, addresses and zip codes of property owners whose property directly adjoins the project (excluding applicant). Please attach a plan view showing the owner's names and adjoining property lines. Attach additional sheets if necessary.**

1. N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

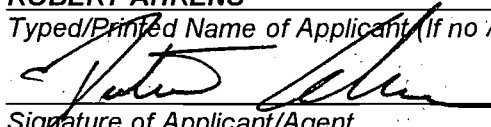
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

**ROBERT AHRENS**

Typed/Printed Name of Applicant (If no Agent is used) or Agent (If one is so authorized below)

  
Signature of Applicant/Agent

Date

**VICE PRESIDENT**

(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)

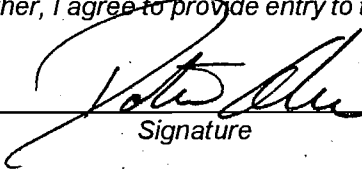
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**ROBERT AHRENS**

Typed/Printed Name

  
Signature

Date

**VICE PRESIDENT**

(Corporate Title if applicable)

FOR AGENCY USE ONLY

AGOE Application # \_\_\_\_\_ SJR Application # 4-069-0357 AM2-ERP  
 Date Application Received \_\_\_\_\_ Date Application Received 4-3-2000  
 Proposed Project Lat. \_\_\_\_\_ Fee Received \$ 1000.00  
 Proposed Project Long \_\_\_\_\_ Fee Receipt # D-070020-1 (8266)  
 Date Received \_\_\_\_\_ Project Use Codes \_\_\_\_\_  
 Assigned Reviewers Parzadian Reviewer's Przyroski

SECTION A

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( If the proposed mitigation bank involves the construction of a surface water management system requiring another permit defined above, check the appropriate box and submit the information requested by the applicable section. )
- Mitigation Bank (conceptual) - include information requested in Sections C and F.
- Standard General Stormwater - include information requested in Sections C and H
- Individual Stormwater - include information requested in Sections C and H

B. Type of activity for which you are applying (check at least one)

- (Construction and operation of a new system including dredging or filling in, on or over wetlands and other surface waters.)
- Alteration and operation of an existing system which was not previously permitted by a WMD or DEP.
- Modification of a system previously permitted by a WMD or DEP. Provide previous permit numbers:  
Permit #4-069-0357-ERP

- Alteration and operation of a system
- Abandonment of a system
- Removal of a system
- Extension of permit duration
- Construction and operation of additional phases of a system

C. Are you requesting authorization to use State Owned Submerged Lands? yes  no  
(If yes, include the information requested in Section G.)

D. For activities in, on or over wetlands or other surface waters, check type of federal dredge and fill permit requested: N/A

- Individual
- General
- Programmatic General
- Nationwide

E. Are you claiming to qualify for an exemption? yes  no  
If yes provide rule number if known \_\_\_\_\_

**RECEIVED**  
 APR 03 2000  
 4-069-0357 AM2-ERP  
 PDS  
 ORLANDO  
 SJR WMD.

OWNER(S) OF LAND	ENTITY TO RECEIVE PERMIT (IF OTHER THAN OWNER)
NAME ROBERT AHRENS	NAME
ADDRESS 1110 DOUGLAS AVENUE, SUITE 2040	ADDRESS
CITY, STATE, ZIP ALTAMONTE SPRINGS, FL 32714	CITY, STATE, ZIP
COMPANY AND TITLE LENNAR HOMES, INC. / VICE PRESIDENT	COMPANY AND TITLE
TELEPHONE (407) 682-9291 FAX (407) 682-1977	TELEPHONE FAX
AGENT AUTHORIZED TO SECURE PERMIT (IF AN AGENT IS USED)	CONSULTANT (IF DIFFERENT FROM AGENT)
NAME	NAME Duane K. Booth, P.E.
COMPANY AND TITLE	COMPANY AND TITLE Farner, Barley & Associates, Inc.
ADDRESS	ADDRESS 350 North Sinclair Avenue
CITY, STATE, ZIP	CITY, STATE, ZIP Tavares, Florida 32778
TELEPHONE ( ) FAX ( )	TELEPHONE ( 352 ) 343-8481 FAX ( 352 ) 343-8495
Name of project, including phase if applicable: <u>LEGENDS PHASE II</u>	
Is this application for part of a multi-phase project? <u>X</u> yes <u>      </u> no	
Total applicant-owned area contiguous to the project <u>403</u> ac	
Total project area for which a permit is sought <u>48.88</u> ac	
Impervious area for which a permit is sought <u>20.78</u> ac	
What is the total area (metric equivalent for federally funded projects) of work in, on or over wetlands or other surface waters? <u>N/A</u> acres <u>      </u> square feet <u>      </u> hectares <u>      </u> square meters	
If a docking facility, the number of proposed new slips <u>      </u>	
<b>Project location</b> (use additional sheets, if needed)	
County(ies) <u>Lake</u>	
Section(s) <u>5 &amp; 8</u> Township(s) <u>23S</u> Range(s) <u>26E</u>	
Section(s) <u>      </u> Township(s) <u>      </u> Range(s) <u>      </u>	
Land Grant name, if applicable <u>N/A</u>	
Tax Parcel Identification Number <u>N/A</u>	
Street address, road, or other location <u>LEGENDARY BLVD.</u>	
City, Zip Code if applicable <u>CLERMONT, FL</u>	

Describe, in general terms, the proposed project, system or activity.

Surface Water Management System to serve 48.88 acre residential development.

If there have been any pre-application meetings, including at the project site, with regulatory staff, please list the date(s), location(s), and names of key staff and project representatives.

N/A

Please identify by number any MSSW/Wetland Resource/ERP/ACOE permits pending, issued or denied for projects at the location and any related enforcement actions.

Agency	Date	No. \Type of Application	Action Taken(Pending/Issued/Denied)
N/A			

**Note:**The following information is required for projects proposed to occur in, on or over wetlands or other surface waters that need a federal dredge and fill permit and/or authorization to use state owned submerged lands. Please provide the names, addresses and zip codes of property owners whose property directly adjoins the project (excluding applicant). Please attach a plan view showing the owner's names and adjoining property lines. Attach additional sheets if necessary.

1. N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

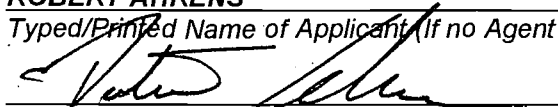
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

**ROBERT AHRENS**

Typed/Printed Name of Applicant (If no Agent is used) or Agent (If one is so authorized below)

  
Signature of Applicant/Agent

Date

**VICE PRESIDENT**

(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)

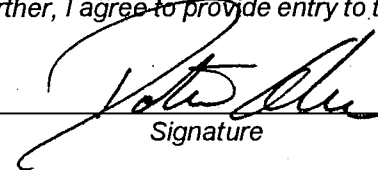
**Please note: The applicant's original signature (not a copy) is required above.**

**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 provide entry to the project site for such agents or personnel to monitor permitted work if a permit is granted.

**ROBERT AHRENS**

Typed/Printed Name

  
Signature

Date

**VICE PRESIDENT**

(Corporate Title if applicable)

MSSW GIS Processing Sheet

Application # 40-067-19451-4

Section(s) 8, 9

Township(s) 23

Range(s) 26

Basin Code EB  OB  UB  WB  WP  Other

Date Mapped 4-3-00 Acceptable? Yes  No

Map # 49 Quad Name Clemons-E

Additional Quads/Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mapper's Initials AR

Reviewer \_\_\_\_\_