



APPLICATION

1719

Permit Data Services Assignment Sheet

10-Apr-00

Application Number: 4-069-0357AM3-ERP

Project Name: Carrington @ Legends

Date Received: 4/3/2000

Comments:

Application Complete: Yes

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:

MARGIE COOK ENGINEER ORL

BARBARA PRYNOSKI ENVIRONMENTAL SPECIALIST ORL

Data Capture Person: Lisette Bonilla

Date Routed: 4-10-2000 MP

Fee Receipt

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

P. O. Box 1429

Palatka, FL 32178-1429

#4-069-0357AM3-ERP

Date: Apr. 03, 2000

By: Mary Pacheco

RECEIPT #: 8299

RECEIVED FROM: Farmer Barley

THE SUM OF: \$1,000.00

FOR: Application Fee

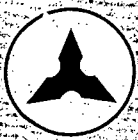
FEE DETAIL INFORMATION

F/A Receipt

0-020013-1

\$1,000.00

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT		(8299)
P.O. Box 1429 Palatka, Florida 32178-1429		0X-020013-1
		DATE 4-3-2000
RECEIVED FROM	FARMER BARLEY & ASSOCIATES	
THE SUM OF	Carrington at Legends	DOLLARS \$1000.-
FOR	4-069-0357AM3-ERP	
AMOUNT OF ACCOUNT	\$	_____
AMOUNT PAID	\$	_____
BALANCE DUE	\$	_____
<input type="checkbox"/> CASH	<input checked="" type="checkbox"/> CHECK	<input type="checkbox"/> M.O.
<input type="checkbox"/> CREDIT CARD	BY <i>Pattie Benilla</i>	
CK # 010650 Thank You!		



FARNER BARLEY AND ASSOCIATES, INC.
 ▲ ENGINEERS
 ▲ SURVEYORS
 ▲ PLANNERS

350 North Sinclair Avenue • Tavares, Florida 32778

(829)

0-020013-1

010650

Florida Choice Bank
 Mount Dora, Florida 32751
 63-1463/631

CHECK DATE
 March 30, 2000

PAY One Thousand and 00/100 Dollars

AMOUNT \$1,000.00

TO St. Johns River Water Management

FARNER BARLEY AND ASSOCIATES, INC.

Jammy Farnes
 AUTHORIZED SIGNATURE

Security Check features included. Details on back.

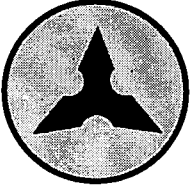
FARNER BARLEY AND ASSOCIATES, INC.
 ▲ ENGINEERS
 ▲ SURVEYORS
 ▲ PLANNERS
 350 North Sinclair Avenue • Tavares, Florida 32778

Emily Business Forms 800 / 392-6018 FORMAT ADVANTAGE

010650

Invoice Number	Date	Voucher	Amount	Discounts	Previous Pay	Net Amount
961504.038	3/30/00	0001358	1,000.00			1,000.00
St. Johns River Water Management FLORIDACH 2		Totals	1,000.00			1,000.00

4-069-0357AM3-CAF



**FARNER
BARLEY**
AND ASSOCIATES, INC.

ENGINEERS ▲ SURVEYORS ▲ PLANNERS

VIA FEDERAL EXPRESS

March 31, 2000

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

RE: CARRINGTON @ LEGENDS SUBMITTAL (FBA #961504.038)

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. (w/out encl.)

RECEIVED
APR 03 2000
2-069-0357 AMB-ELP
PDS
ORLANDO
SJR WMD

C:\My Documents\WordPerfect-9.0\KINGSRID\LEGENDS\CUSTOM.HOMES\SJR WMD\GENERAL\SUBMITTA.wpd

FOR AGENCY USE ONLY

ACOE Application # _____ SJR Application # 4-069-0357AM3-ERP
 Date Application Received _____ Date Application Received 4-3-2000
 Proposed Project Lat _____ Fee Received \$ 1000.00
 Proposed Project Long _____ Fee Receipt # 0-020013-1 (8299)
 Date Received _____ Project Use Codes _____
 Assigned Reviewers COOK 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.
- 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 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
4-069-0357AM3-ERP

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
<p>Name of project, including phase if applicable: <u>CARRINGTON @ LEGENDS</u></p> <p>Is this application for part of a multi-phase project? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Total applicant-owned area contiguous to the project <u>403</u> ac</p> <p>Total project area for which a permit is sought <u>18.54</u> ac</p> <p>Impervious area for which a permit is sought <u>7.588</u> ac</p> <p>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</p> <p>If a docking facility, the number of proposed new slips <u> </u></p> <p>Project location (use additional sheets, if needed)</p> <p>County(ies) <u>Lake</u></p> <p>Section(s) <u>5 & 8</u> Township(s) <u>23S</u> Range(s) <u>26E</u></p> <p>Section(s) <u> </u> Township(s) <u> </u> Range(s) <u> </u></p> <p>Land Grant name, if applicable <u>N/A</u></p> <p>Tax Parcel Identification Number <u>N/A</u></p> <p>Street address, road, or other location <u>LEGENDARY BLVD.</u></p> <p>City, Zip Code if applicable <u>CLERMONT, FL</u></p>	

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

Surface Water Management System to serve 18.54 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.

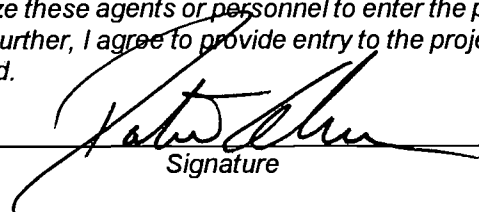
Typed/Printed Name of Applicant Signature of Applicant Date

(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:

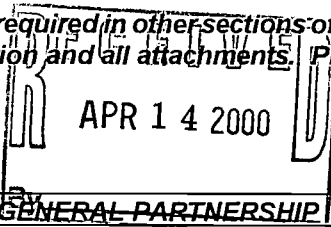
I either own the property described in this application or I have legal authority to allow access to the property, and I consent, after receiving prior notification, to any site visit on the property by agents or personnel from the Department of Environmental Protection, the Water Management District 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  Date

VICE PRESIDENT
(Corporate Title if applicable)

**SECTION C
ENVIRONMENTAL RESOURCE PERMIT NOTICE OF RECEIPT OF APPLICATION**

This information is required in addition to that required in other sections of the application. Please submit 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: CARRINGTON @ LEGENDS 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 18.54 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:	<u>4-069-035 TAM3-ERP</u>
Office where the application can be inspected:	<u>Orlando</u>
Date to be posted:	<u>4-10-2000</u>
Date to be removed:	<u>4-25-2000</u>

RECEIVED
 APR 03 2000
 4-069-035 TAM3-ERP
 PDS
 ORLANDO
 SJR WMD

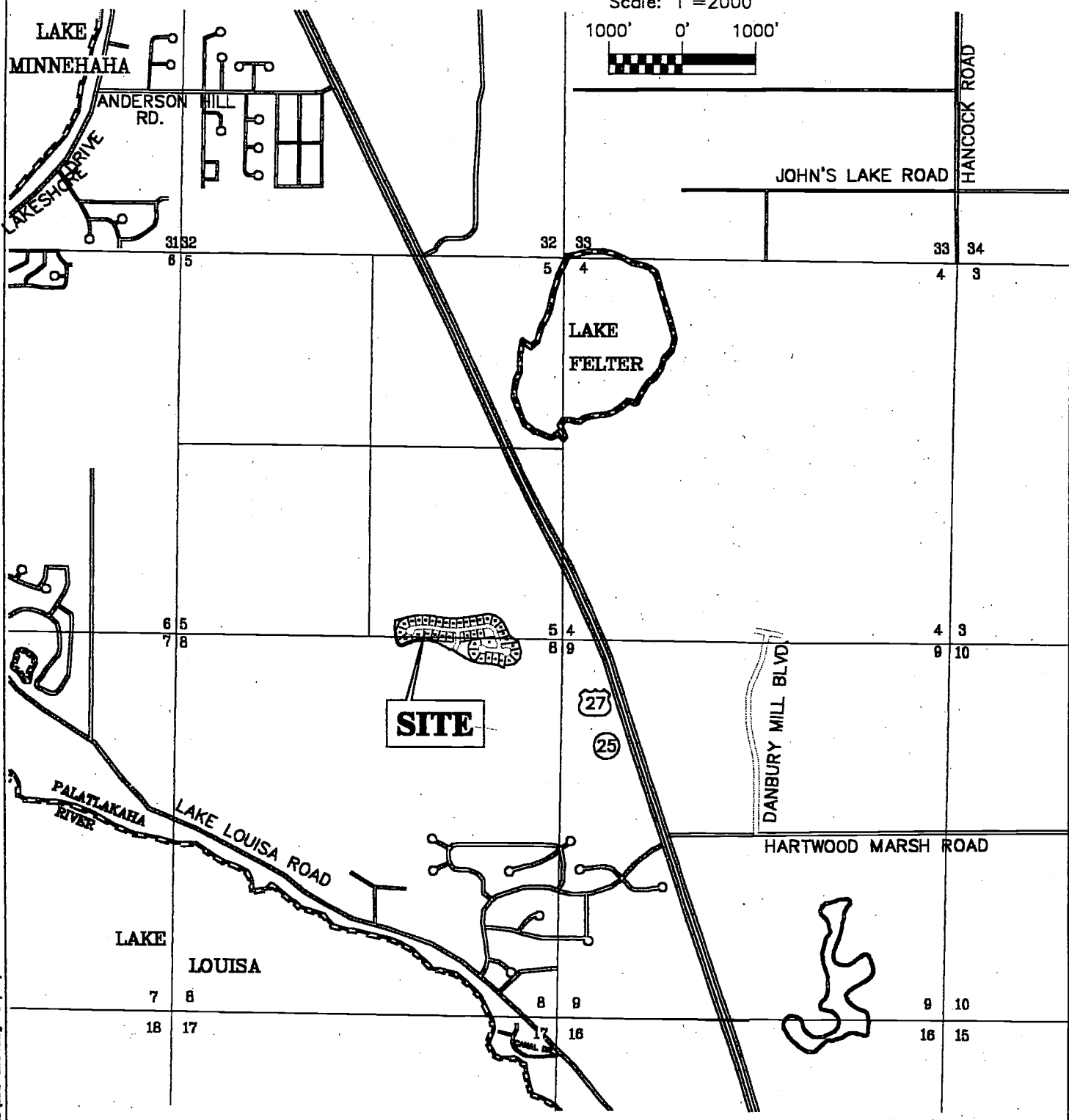
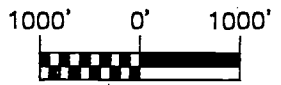
RECEIVED
 APR 03 2000
 4-069-035 TAM3-ERP
 PDS
 ORLANDO
 SJR WMD
 ERP

PROJECT SUMMARY

Surface Water Management System to serve 18.54 acre residential development.



Scale: 1"=2000'



**FARNER
BARLEY
AND ASSOCIATES, INC.**

- ▲ ENGINEERS
- ▲ SURVEYORS
- ▲ PLANNERS

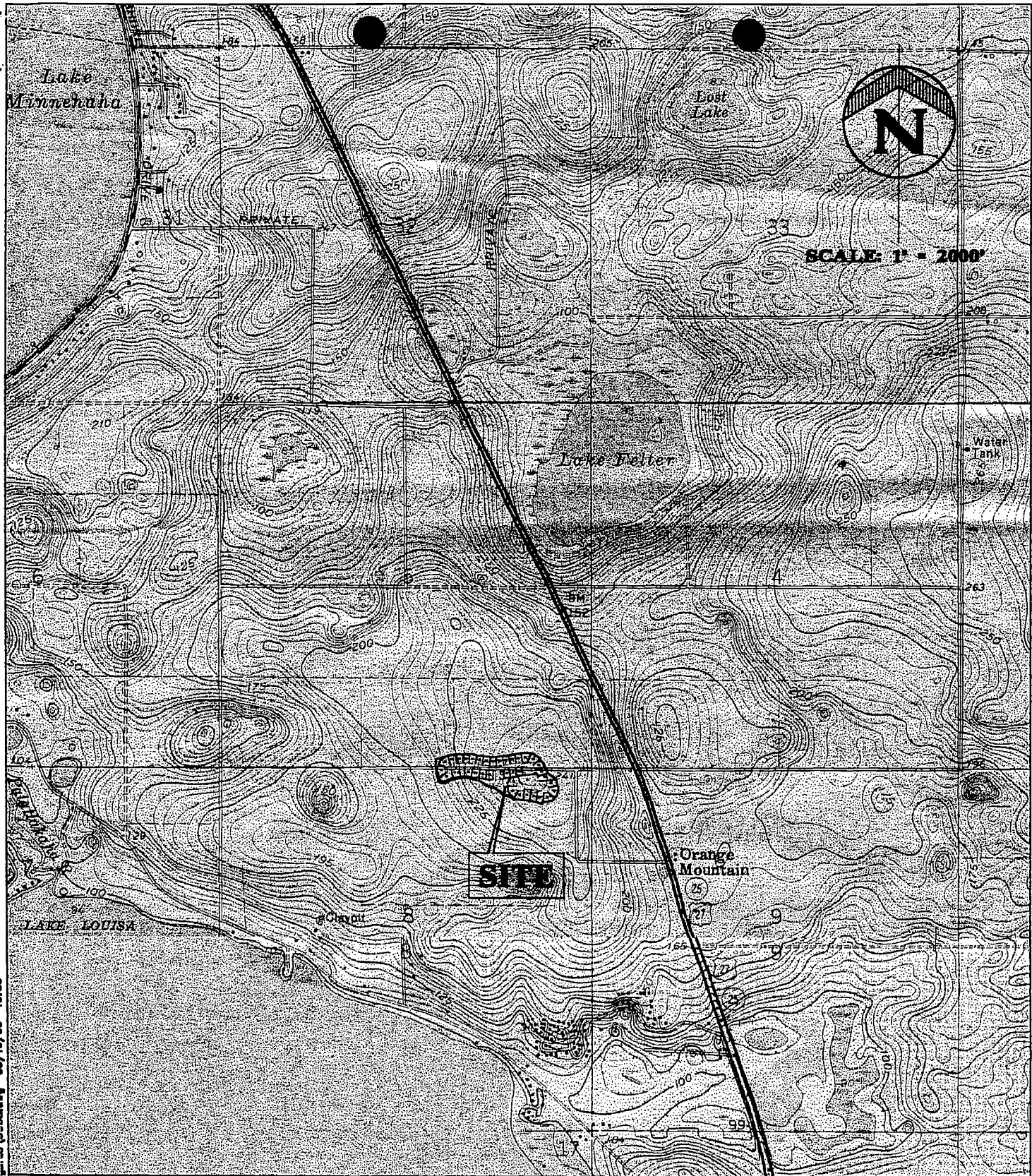
850 North Brinkley Avenue • Tallahassee, Florida 32370 • (904) 842-6481

CARRINGTON AT LEGENDS OF CLERMONT

LOCATION MAP

DATE: MARCH 26, 2000

JOB NO. 961504.058



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



**FARNER
BARLEY**
AND ASSOCIATES, INC.

▲ ENGINEERS
▲ SURVEYORS
▲ PLANNERS

800 North Braker Avenue • Tallahassee, Florida 32378 • (904) 849-8481

**CARRINGTON AT LEGENDS
OF CLERMONT**

USGS MAP

DATE: MARCH 26, 2000

JOB NO. 961604.038

MSSW GIS Processing Sheet

Application # 19451-5
4-069-0357AMB-ERP

Section(s) 5, 8

Township(s) 23

Range(s) 26

Basin Code EB OB UB WB WP Other

Date Mapped 4-14-05 Acceptable? Yes No

Map # 49 Quad Name Clemons-E

Additional Quads/Comments _____

Mapper's Initials AR

Reviewer _____