



# APPLICATION

## 1719

MSSW GENERAL APPLICATION ASSIGNMENT SHEET

Office: ORLANDO

Reviewer: FANG PRYNOSKI

Date Received: 2/ 2/99

Date Processed: 2/ 3/99

Application Number: 40-069-0196AM4-ERP

Owner: LENNAR LAND PARTNERS

Applicant: LENNAR LAND PARTNERS

Agent/Consultant: FARNER, BARLEY & ASSOCIATES, INC.

Project Name: LANCASTER AT KINGS RIDGE

THE FOLLOWING INFORMATION IS NEEDED TO ADMINISTRATIVELY COMPLETE THIS APPLICATION:

- Signatures
- Authorization from Owner for Agent
- Individual/Firm Preparing Specifications
- Name in which Permit is to be Issued
- Entity Responsible for Maintenance Statement
- Bound Reports (No. Received: 5 )
- Plans (No. Received: 5 )
- Calculations (No. Received: 5 )
- Notice of Receipt of Application
- Adequate Map Coordinates
- Fee: 1000.00 Receipt Number: 23626

2-5  
2

Comments: RECD NOTICE REL #4-069-0326

Application is adminstratively complete? YES LW

Request for Additional Information must be mailed by: 3/ 2/99

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**

P.O. Box 1429  
Palatka, Florida 32178-1429

0 023626

DATE Feb. 2 19 99

RECEIVED FROM L & P - Adult Orlando

THE SUM OF Sancaster @ Kings Ridge DOLLARS \$ 1000.00

FOR 40-069-0196A m4-EP

AMOUNT OF ACCOUNT \$ 1000

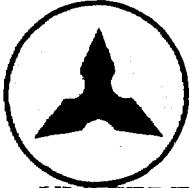
AMOUNT PAID.....\$     

BALANCE DUE.....\$     

CASH     CHECK     M.O.     CREDIT CARD

*Thank You!*

BY Lucille Walsh



# FARNER BARLEY

ENGINEERS ▲ SURVEYORS ▲ PLANNERS

AND ASSOCIATES, INC.

VIA FEDERAL EXPRESS

February 1, 1999

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

RECEIVED

FEB 02 1999

40-069-0196AM 4-ERP  
PDS  
ORLANDO  
SJR WMD.

RE: LANCASTER @ KINGS RIDGE (FBA #941216.080)

Dear Mr. Aboodi:

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.)

C:\WP60\KINGSRID\LANCASTE\SJRWMD\SUBMITTA.LR

FOR AGENCY USE ONLY

ACOE Application # \_\_\_\_\_ SJR Application # 40-069-0196 AM<sup>4</sup>-ERP  
Date Application Received \_\_\_\_\_ Date Application Received 2-2-99  
Proposed Project Lat. \_\_\_\_\_ Fee Received \$ 1000.00  
Proposed Project Long. \_\_\_\_\_ Fee Receipt # 23626  
Date Received \_\_\_\_\_ Project Use Codes \_\_\_\_\_  
Assigned Reviewers Fang Reviewer#s Przyuski

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)

- (onstruction 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:  
4-069-0326M2ERP
- 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:

- Individual
- General
- Programmatic General
- Nationwide

E. Are you claiming to qualify for an exemption? \_\_\_\_\_ yes X no FEB 02 1999  
If yes provide rule number if known \_\_\_\_\_

RECEIVED

PDS  
OR  
WMD

| OWNER(S) OF LAND   | ENTITY TO RECEIVE PERMIT (IF OTHER THAN OWNER)         |
|--|--|
| NAME<br>ROBERT AHRENS  | NAME<br>Same   |
| ADDRESS<br>1110 DOUGLAS AVENUE, SUITE 2040   | ADDRESS  |
| CITY, STATE, ZIP<br>ALTAMONTE SPRINGS, FLORIDA 32714   | CITY, STATE, ZIP                                       |
| COMPANY AND TITLE<br>LENNAR LAND PARTNERS, A FLORIDA GENERAL PARTNERSHIP   | COMPANY AND TITLE                                      |
| TELEPHONE (407) 682-9291<br>FAX (407) 682-1977   | TELEPHONE ( )<br>FAX ( )                               |
| AGENT AUTHORIZED TO SECURE PERMIT (IF AN AGENT IS USED)  | CONSULTANT (IF DIFFERENT FROM AGENT)                   |
| NAME   | NAME<br>Duane K. Booth, P.E.                           |
| COMPANY AND TITLE  | COMPANY AND TITLE<br>Farner, Barley & Associates, Inc. |
| ADDRESS  | ADDRESS<br>350 North Sinclair Avenue                   |
| CITY, STATE, ZIP   | CITY, STATE, ZIP<br>Tavares, Florida 32778             |
| TELEPHONE ( )<br>FAX ( )   | TELEPHONE (352) 343-8481<br>FAX (352) 343-8495         |
| Name of project, including phase if applicable: <u>LANCASTER AT KINGS RIDGE</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>968.44</u> ac  |  |
| Total project area for which a permit is sought <u>11.34</u> ac  |  |
| Impervious area for which a permit is sought <u>5.02</u> ac  |  |
| What is the total area (metric equivalent for federally funded projects) of work in, on or over wetlands or other surface waters:<br><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>N/A</u>   |  |
| <b>Project location (use additional sheets, if needed)</b>   |  |
| County(ies) <u>Lake</u>  |  |
| Section(s) <u>4 &amp; 9</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>KINGS RIDGE BOULEVARD</u>   |  |
| City, Zip Code if applicable <u>CLERMONT, FLORIDA</u>  |  |

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

Construct a stormwater management system to serve a single family 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) |
|---------------|----------------|-------------------------|-------------------------------------|
| <u>SJRWMD</u> | <u>8/12/96</u> | <u>ERP INDIVIDUAL</u>   | <u>ISSUED</u>                       |
|               |                | <u>4-069-0326M2-ERP</u> |                                     |
|               |                |                         |                                     |

**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. _____ | 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

1/14/99

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

1/14/99

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: LANCASTER AT KINGS RIDGE County: LAKE  
Owner: LENNAR LAND PARTNERS, A FLORIDA GENERAL PARTNERSHIP  
Applicant: SAME AS ABOVE  
Applicant's Address: 1110 DOUGLAS AVENUE; SUITE 2040, ALTAMONTE SPRINGS, FLORIDA 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:  
NONE
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"):  
Construct a stormwater management system to serve a single family 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

**RECEIVED**  
FEB 02 1999

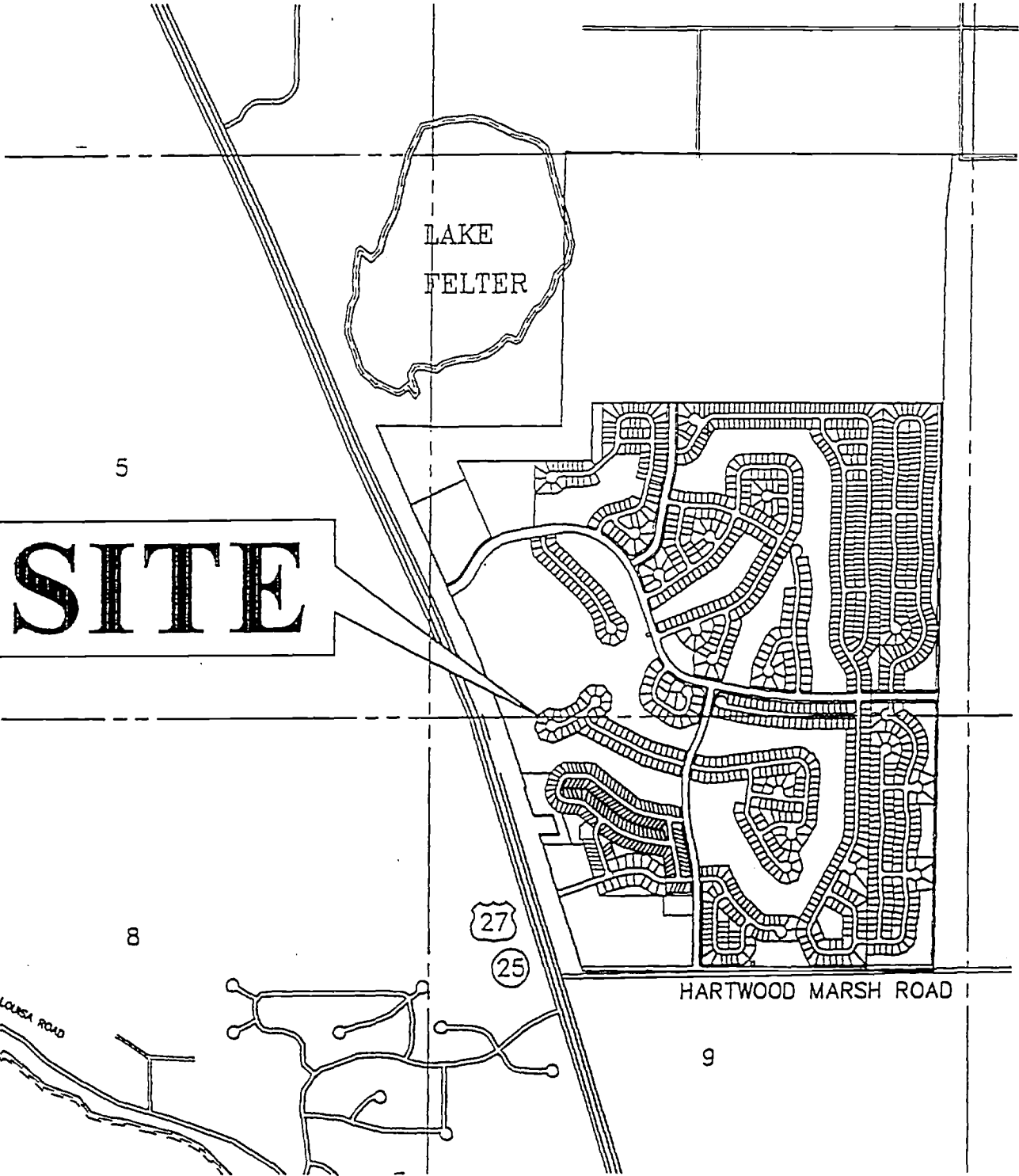
PDS  
ORLANDO  
SJR WMD

FOR AGENCY USE ONLY

Application Name: \_\_\_\_\_  
Application Number: 40-069-0196 AM 4-ERP  
Office where the application can be inspected: Orlando  
Date to be posted: 2-8-99  
Date to be removed: 2-28-99

## PROJECT SUMMARY

Construct a stormwater management system to serve a single family development.



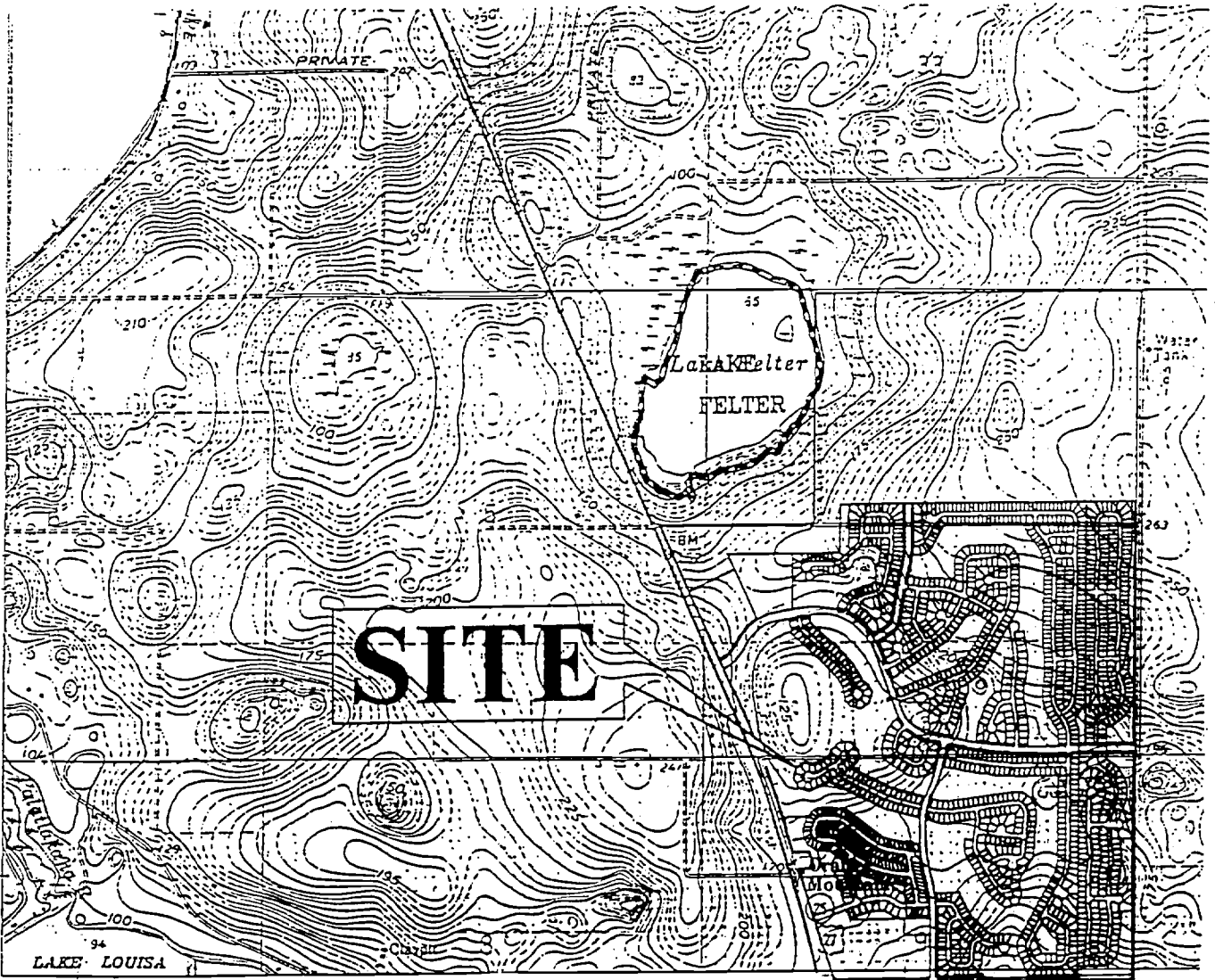
**FARNER  
BARLEY**  
AND ASSOCIATES, INC.

- ▲ ENGINEERS
- ▲ SURVEYORS
- ▲ PLANNERS

350 North Sinclair Avenue O Tavares, Florida 32778 O (904) 343-8481

# LOCATION MAP

SCALE 1" = 1500'



*Clermont East, Florida Quadrangle*



**FARNER  
BARLEY**  
AND ASSOCIATES, INC.

- ▲ ENGINEERS
- ▲ SURVEYORS
- ▲ PLANNERS

350 North Sinclair Avenue • Tavares, Florida 32778 • (904) 343-8481

**USGS QUAD  
MAP**

SCALE 1" = 2000'

FOR AGENCY USE ONLY

ACOE Application # \_\_\_\_\_  
Date Application Received \_\_\_\_\_  
Proposed Project Lat. \_\_\_\_\_  
Proposed Project Long. \_\_\_\_\_

SJR Application # 40-069-0196 AM<sup>4</sup>-ERP  
Date Application Received 2-2-99  
Fee Received \$ 1000.00  
Fee Receipt # 23626  
Date Received \_\_\_\_\_  
Assigned Reviewers Fang Project Use Codes \_\_\_\_\_  
Reviewer #'s Prupuski

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)

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  - 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:  
4-069-0326M2ERP
- |   |   |
|---|---|
| <input type="checkbox"/> Alteration and operation of a system | <input type="checkbox"/> Extension of permit duration   |
| <input type="checkbox"/> Abandonment of a system              | <input checked="" type="checkbox"/> Construction and operation of additional phases of a system |
| <input type="checkbox"/> Removal 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:

|                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Programmatic General |
| <input type="checkbox"/> General    | <input type="checkbox"/> Nationwide           |

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

**RECEIVED**

FEB 02 1999

PDS  
ORLA  
WMD

| OWNER(S) OF LAND   | ENTITY TO RECEIVE PERMIT (IF OTHER THAN OWNER)                    |
|--|---|
| NAME<br><b>ROBERT AHRENS</b>   | NAME<br>Same  |
| ADDRESS<br><b>1110 DOUGLAS AVENUE, SUITE 2040</b>  | ADDRESS   |
| CITY, STATE, ZIP<br><b>ALTAMONTE SPRINGS, FLORIDA 32714</b>  | CITY, STATE, ZIP  |
| COMPANY AND TITLE<br><b>LENNAR LAND PARTNERS, A FLORIDA GENERAL PARTNERSHIP</b>  | COMPANY AND TITLE   |
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| AGENT AUTHORIZED TO SECURE PERMIT (IF AN AGENT IS USED)  | CONSULTANT (IF DIFFERENT FROM AGENT)                              |
| NAME   | NAME<br><b>Duane K. Booth, P.E.</b>                               |
| COMPANY AND TITLE  | COMPANY AND TITLE<br><b>Farner, Barley &amp; Associates, Inc.</b> |
| ADDRESS  | ADDRESS<br><b>350 North Sinclair Avenue</b>                       |
| CITY, STATE, ZIP   | CITY, STATE, ZIP<br><b>Tavares, Florida 32778</b>                 |
| TELEPHONE ( )<br>FAX ( )   | TELEPHONE (352) 343-8481<br>FAX (352) 343-8495                    |
| <p>Name of project, including phase if applicable: <u>LANCASTER AT KINGS RIDGE</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>968.44</u> ac</p> <p>Total project area for which a permit is sought <u>11.34</u> ac</p> <p>Impervious area for which a permit is sought <u>5.02</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?<br/> <u>N/A</u> acres _____ square feet _____ hectares _____ square meters</p> <p>If a docking facility, the number of proposed new slips <u>N/A</u></p> <p><b>Project location (use additional sheets, if needed)</b></p> <p>County(ies) <u>Lake</u></p> <p>Section(s) <u>4 &amp; 9</u> Township(s) <u>23S</u> Range(s) <u>26E</u></p> <p>Section(s) _____ Township(s) _____ Range(s) _____</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>KINGS RIDGE BOULEVARD</u></p> <p>City, Zip Code if applicable <u>CLERMONT, FLORIDA</u></p> |   |

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

Construct a stormwater management system to serve a single family 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

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| Agency        | Date           | No.\Type of Application | Action Taken(Pending/Issued/Denied) |
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| <u>SJRWMD</u> | <u>8/12/96</u> | <u>ERP INDIVIDUAL</u>   | <u>ISSUED</u>                       |
|               |                | <u>4-069-0326M2-ERP</u> |                                     |
|               |                |                         |                                     |

**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. \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

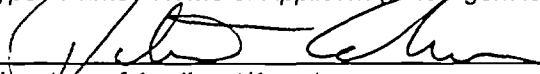
\_\_\_\_\_

\_\_\_\_\_

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)

 1/14/99  
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  1/14/99  
Signature Date

**VICE-PRESIDENT**

(Corporate Title if applicable)



GIS/ADMINISTRATIVE MSSW APPLICATION TRACKING SHEET

Application Number: 40-069-0196AM4-ERP

Reviewer(s): FANG PRYNOSKI

Date Received: 2/ 2/99

Applicant: LENNAR LAND PARTNERS

Project Name: LANCASTER AT KINGS RIDGE

\*\*\*\*\*

MAPPING INFORMATION:

Acceptable as Received: YES

Hydrologic Basin: OTHER

| <u>MAP NUMBER</u> | <u>QUAD</u>       |
|-------------------|-------------------|
| <u>41</u>         | <u>CLERMONT-E</u> |

Date Application Entered:  / /

Date Application Mapped: 2/ 8/99 Initials: JJ

\*\*\*\*\*

Request for Additional Information must be mailed by: 3/ 2/99

Regulatory Meeting Date if determined technically/administratively Complete: 4/13/99

INFORMATION PROVIDED BY REVIEWING STAFF:

|                          |                                |
|--------------------------|--------------------------------|
| Date 1st RAI sent: _____ | Date 1st Resp. received: _____ |
| Date 2nd RAI sent: _____ | Date 2nd Resp. received: _____ |
| Date 3rd RAI sent: _____ | Date 3rd Resp. received: _____ |
| Date 4th RAI sent: _____ | Date 4th Resp. received: _____ |

Date Application Complete: \_\_\_\_\_

Schedule for \_\_\_\_\_ Regulatory Meeting (Approval/Denial)

\*\*\*\*\*

\*\* NOTE: PLEASE RETURN WITH THE TSR FOLDER.