

ACOE Application # _____
Date Application Received _____
Proposed Project Lat. _____
Proposed Project Long. _____

FOR AGENCY USE ONLY
SJR Application # 40-069-68272-8
Date Application Received _____
Fee Received \$ _____
Fee Receipt # _____
Date Received _____ Project Use Codes _____
Assigned Reviewers D. Corady Reviewer #'s G. Albers

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 Section 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 Section 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 or operation of a new system including dredging or filling in, on or over wetlands and other surface waters.
- Alteration or 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. 4-069-68272-3
 - Alteration of a system Extension of permit duration Abandonment of a system
 - Construction of additional phases of a system Removal 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:
 Individual Programmatic General
 General Nationwide Not Applicable

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

68272-8
RECEIVED
MAR 01 2006

PDS
ALTAMONTE SVC. CENTER

OWNER(S) OF LAND	ENTITY TO RECEIVE PERMIT (IF OTHER THAN OWNER)
NAME Gary Parker / Lake County Schools	NAME
ADDRESS 518 West Alfred Street	ADDRESS
CITY, STATE, ZIP Tavares, FL 32778	CITY, STATE, ZIP
COMPANY AND TITLE Director of Facilities	COMPANY AND TITLE
TELEPHONE (352) 253-6715 FAX (352) 343-1601	TELEPHONE () FAX ()
AGENT AUTHORIZED TO SECURE PERMIT (IF AN AGENT IS USED)	CONSULTANT (IF DIFFERENT FROM AGENT)
NAME	NAME Jay A. Klima, P.E.
COMPANY AND TITLE	COMPANY AND TITLE Klima Weeks Civil Engineering, Inc.
ADDRESS	ADDRESS 401 West Colonial Drive, Suite # 2
CITY, STATE, ZIP	CITY, STATE, ZIP Orlando, FL 32804
TELEPHONE () FAX ()	TELEPHONE (407) 447-5959 FAX (407) 447-5960
<p>Name of project, including phase if applicable East Ridge HS Classroom Addition</p> <p>Is this application for part of a multi-phase project? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p> <p>Total applicant-owned area contiguous to the project 88.70 ac</p> <p>Total project area for which a permit is sought 1.09 ac</p> <p>Impervious area for which a permit is sought 0.39 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?</p> <p>0 acres 0 square feet 0 hectares 0 square meters</p> <p>If a docking facility, the number of proposed new slips. _____</p> <p>Project location (use additional sheets, if needed)</p> <p>County(ies) Lake</p> <p>Section(s) 28 Township 22 South Range 26 East</p> <p>Section(s) _____ Township _____ Range _____</p> <p>Land Grant name, if applicable _____</p> <p>Tax Parcel Identification Number 28-22-26-000300000300</p> <p>Street address, road, or other location 13322 Excalibur Road</p> <p>City, Zip Code if applicable Clermont, FL 34711</p>	

By signing 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 that 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.

Gary Parker

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

Signature of Applicant/Agent

2/21/2004
Date

Director of Facilities Design and Construction

(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 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/Agent

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.

Gary Parker

Typed/Printed Name of Applicant

Signature of Applicant/Agent

2/21/2004
Date

Director of Facilities Design & Construction

(Corporate Title if applicable)

68272-8
RECEIVED

MAR 01 2006

PDS
LABORATORY SVC. CENTER