



APPLICATION

1719

Fee Receipt

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

Date: Jun. 10, 2002
By: Marianella Pacheco

RECEIPT #: 17287
RECEIVED FROM: Kelly, Collins & Gentry, Inc.
THE SUM OF: \$1,000.00
FOR: Application Fee

FEE DETAIL INFORMATION

F/A Receipt O-023541 \$1,000.00

17287

RECEIVED OF	<u>Kelly, Collins & Gentry, Inc.</u>	DATE	<u>6/10/2002</u>	O 023541
ADDRESS	<u>College Station Center</u>			
	<u>40-069-84016-1</u>			
ACCT. NO.	<u>5339</u>			DOLLARS \$ <u>1,000.00</u>
<input type="checkbox"/> CASH	<input checked="" type="checkbox"/> CHECK			
<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> DRAFT			
FOR	<u>App Fee</u>			
803				

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

by Marianella Pacheco
Thank You



Form 0971

RECEIVED
JUN 14 2002
PAL

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 with the other required information. **PLEASE SUBMIT ALL INFORMATION ON PAPER NO LARGER THAN 2' x 3'.**

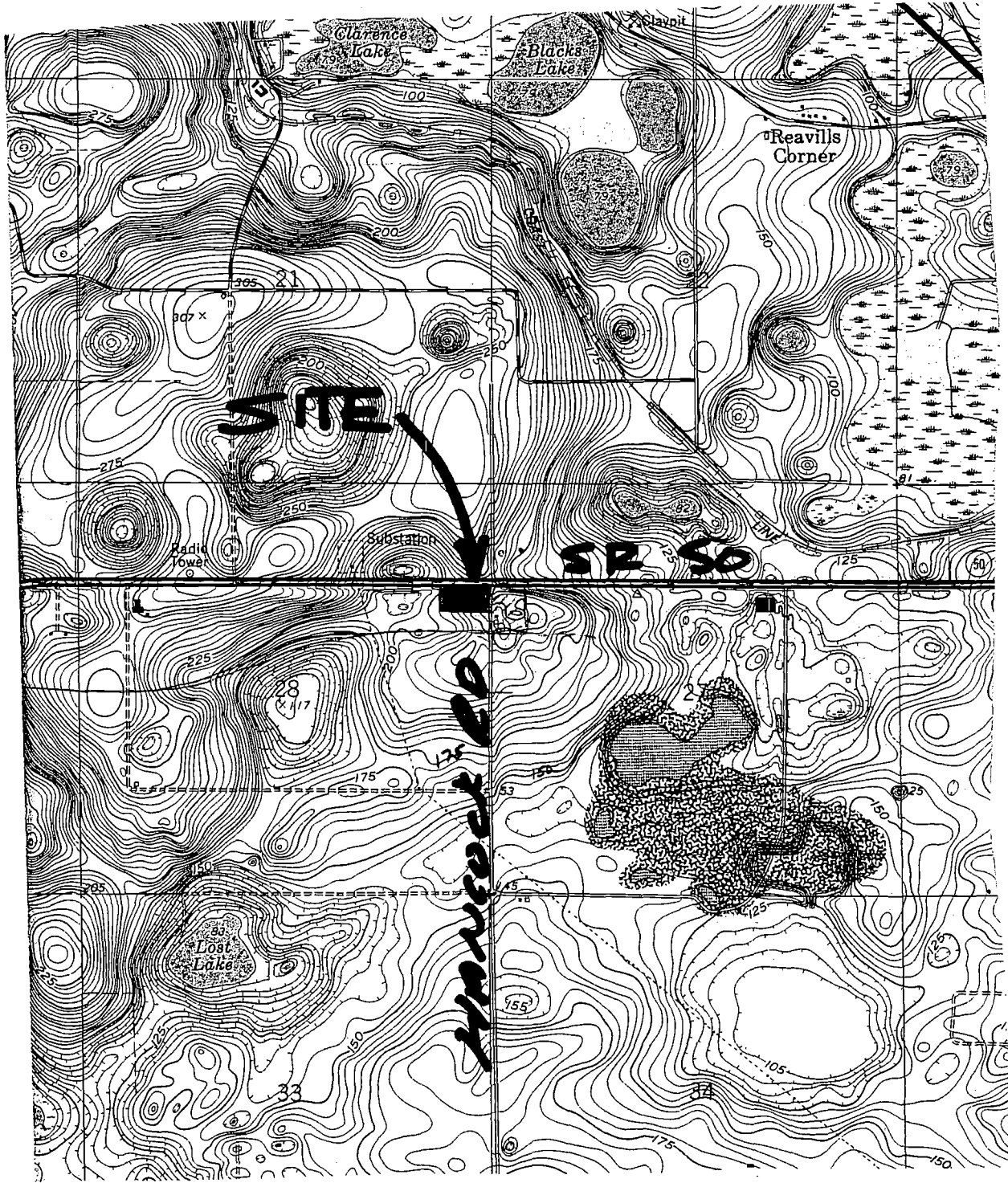
Project Name: COLLEGE STATION CENTER
County: LAKE
Owner: ADAMS FAMILY LIMITED PARTNERSHIP
Applicant: PRESCO ASSOC. LLC (BOB SHAKAR)
Applicant's Address: 232 MOHAWK ROAD
CLERMONT FL 34711

1. Indicate the project boundaries on a USGS quadrangle map. Attach a location map showing the boundary of the proposed activity. The map should also contain a north arrow and a graphic scale; show Section(s), Township(s), and Range(s); and must be of sufficient detail to allow a person unfamiliar with the site to find it. SEE ATTACHED
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: N/A
3. Attach a depiction (plan and section views), which clearly shows the works or other facilities proposed to be constructed. Use multiple sheets, if necessary. Use a scale sufficient to show the location and type of works. PLEASE SEE CONSTRUCTION PLANS PROVIDED.
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"): CONSTRUCTING ON-SITE STORM SYSTEM w/ RETENTION FOR COMMERCIAL INFRASTRUCTURE PLAN
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: N/A ✓
6. Provide a brief statement describing any proposed mitigation for impacts to wetlands and other surface waters (attach additional sheets if necessary): N/A 84016-1

FOR AGENCY USE ONLY		RECEIVED
Application Name:		JUN 10 2002
Application Number:	<u>40-069-84016-1</u>	PDS
Office where the application can be inspected:	<u>Altamonte Springs</u>	ALTAMONTE SVC CTR.

Posted 6-21-02

Removed 7-11-02

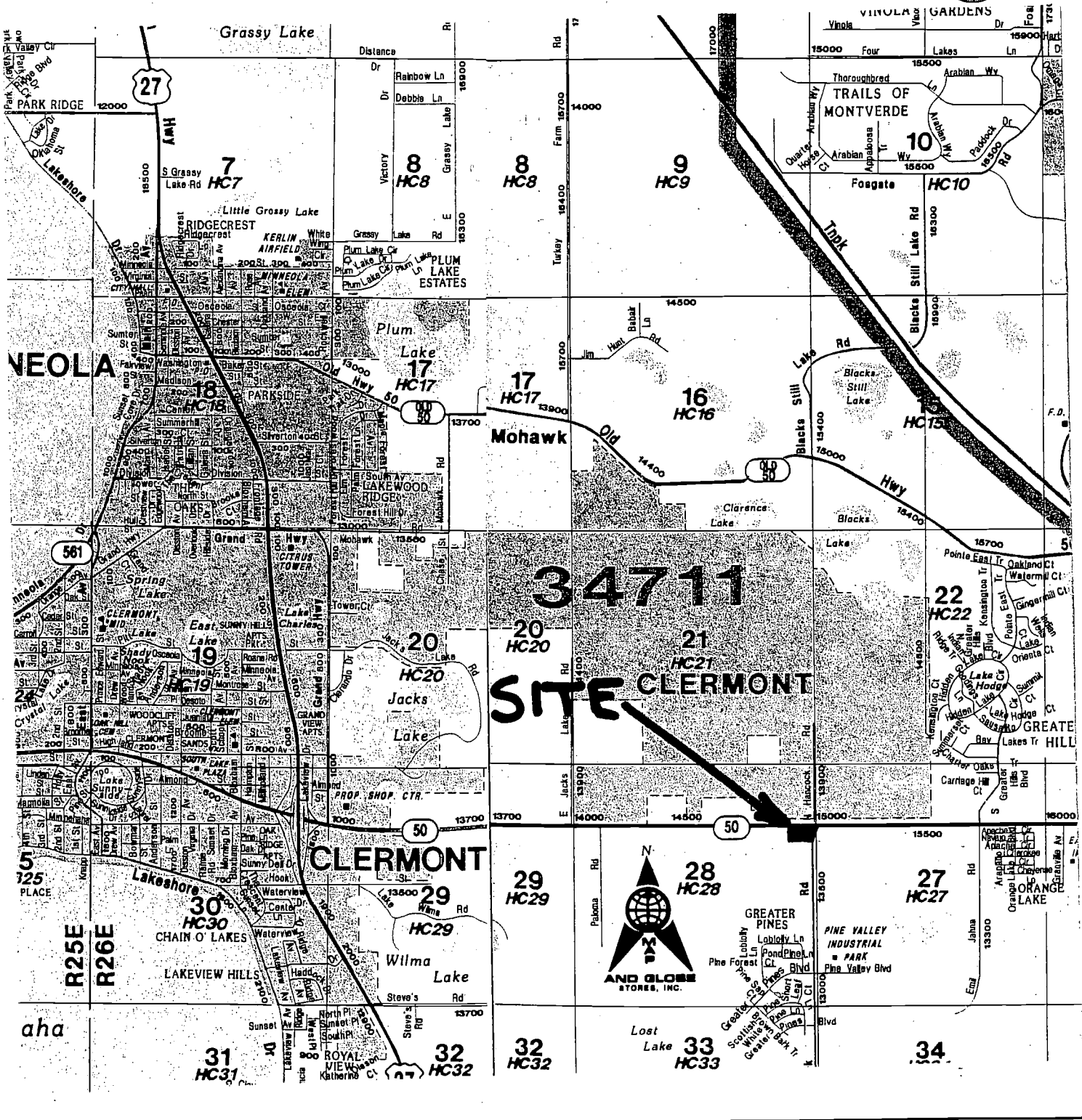


**KELLY,
COLLINS &
GENTRY, INC.**
ENGINEERING / PLANNING

**COLLEGE STATION
CENTER**

USGS

SECTION 9, TOWNSHIP 22 S, RANGE 26 E



**KELLY,
COLLINS &
GENTRY, INC.**
ENGINEERING / PLANNING

**COLLEGE STATION
CENTER**

LOCATION MAP

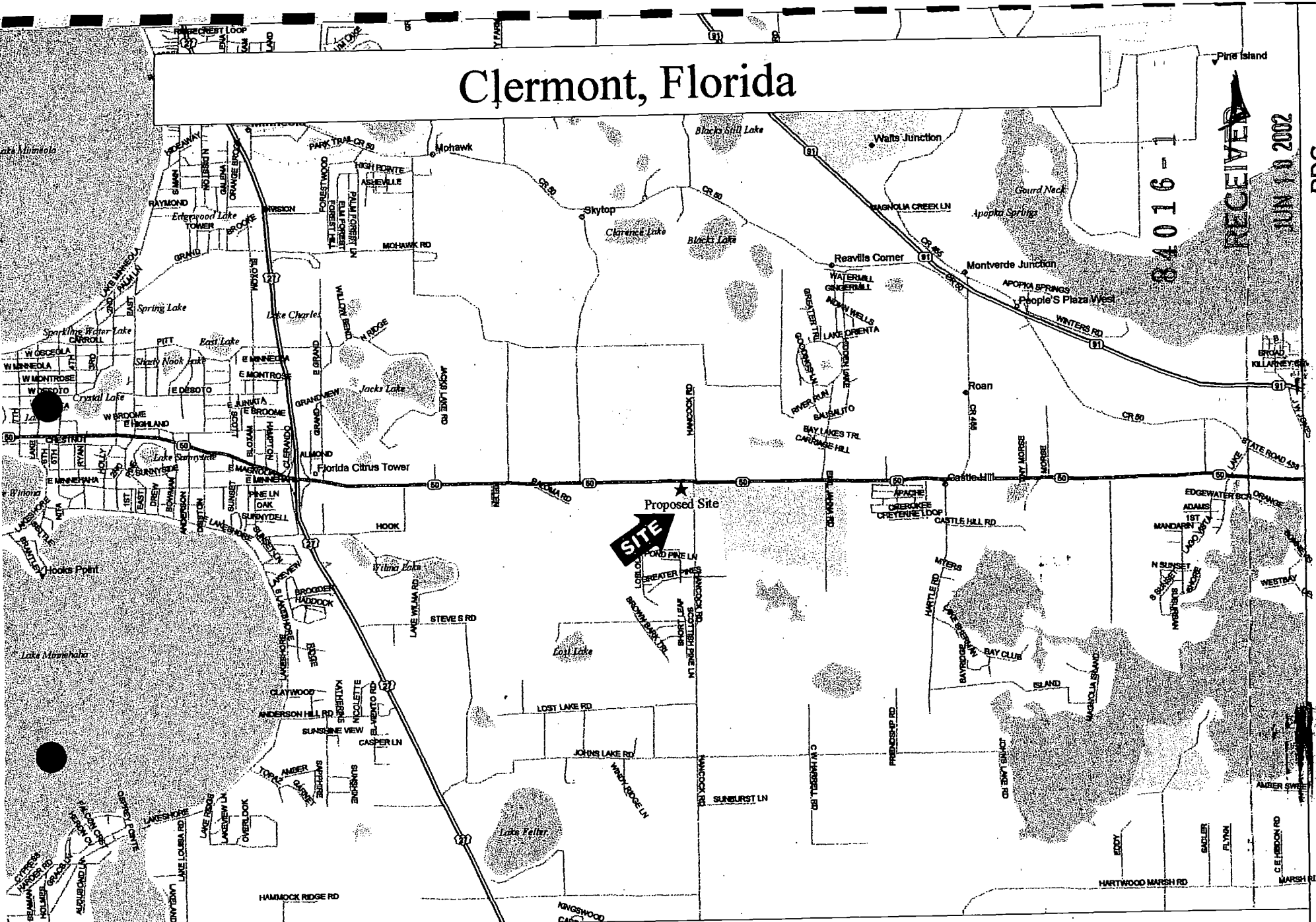
Clermont, Florida

84016-1

RECEIVED

JUN 10 2002

PDS
ALTA MONTE SVC. CTR.



ig 14.00
ed Jan 24 09:26 2001

Scale 1:43,750 (at center)
5000 Feet

1000 Meters

- Local Road
- Primary State Route
- Toll Highway
- US Highway
- Railroad
- Point of Interest



LETTER OF AUTHORIZATION

This letter authorizes Scott M. Gentry, P.E. of Kelly, Collins & Gentry, Inc. to act as our agent for and with all regulatory agencies, departments and their personnel for the St. Johns River Water Management District, Florida Department of Transportation, Florida Department of Environmental Protection, City of Clermont and Lake County in an effort to receive permits and approvals necessary for the development of a commercial site located at South Hancock and S.R. 50 known as College Station Center in the City of Clermont.

By: PRESCO ASSOCIATES, LLC. (Developer)

By: Robert M. Shakar
Robert M. Shakar, President

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 5th day of JUNE, 2002 by ROBERT M. SHAKAR. He is personally known to me or has produced _____ as identification and did/did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 5th day of JUNE, 2002.

Gloria J. Hall
Notary Public

My commission expires: 9/15/02

NOTARY PUBLIC - STATE OF FLORIDA
GLORIA J. HALL
COMMISSION # CC775472
EXPIRES 9/15/2002
BONDED THRU ASA 1-688-NOTARY1

ACOE Application # _____	FOR AGENCY USE ONLY	DEP/WMD Application # <u>40-069 - 84016-1</u>
Date Application Received _____	Date Application Received _____	Fee Received \$ <u>17287-0-023541</u>
Proposed Project Lat. _____	Fee Receipt # _____	
Proposed Project Long. _____		

A. Abouli V. Nations

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

Is this application being filed by or on behalf of a government entity or drainage district?

_____ 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.

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:

_____ Alteration of a system	_____ Extension of permit duration	_____ Abandonment of a system
_____ Construction and operation 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 <input checked="" type="checkbox"/> Not Applicable |

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

OWNER(S) OF LAND		ENTITY TO RECEIVE PERMIT (IF OTHER THAN OWNER)	
NAME	Adams Family Limited	NAME	Bob Shakar, LLC
ADDRESS	P.O. Box 1667	ADDRESS	232 Mohawk Road
CITY, STATE, ZIP	Winter Haven, FL 33880	CITY, STATE, ZIP	Clermont, FL 34711
COMPANY AND TITLE		COMPANY AND TITLE	Presco Associates, LLC
TELEPHONE () FAX ()		TELEPHONE (352) 242-0073 FAX ()	
AGENT AUTHORIZED TO SECURE PERMIT (IF AN AGENT IS USED)		CONSULTANT (IF DIFFERENT FROM AGENT)	
NAME	Scott M. Gentry, P.E.	NAME	
COMPANY AND TITLE	Kelly, Collins & Gentry, Inc.	COMPANY AND TITLE	
ADDRESS	1600 E. Robinson St., #1400	ADDRESS	
CITY, STATE, ZIP	Orlando, FL 32803	CITY, STATE, ZIP	
TELEPHONE (407) 898-7858 FAX ()		TELEPHONE () FAX ()	
Name of project, including phase if applicable <u>College Station Center</u> Is this application for part of a multi-phase project? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Total applicant-owned area contiguous to the project <u>18.42</u> ac Total project area for which a permit is sought <u>1.17</u> ac Impervious area for which a permit is sought _____ 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 Number of new boat slips proposed _____			
Project location (use additional sheets, if needed) County(ies) <u>Lake</u> Section(s) <u>09</u> Township(s) <u>22 S</u> Range(s) <u>26 E</u> Section(s) _____ Township(s) _____ Range(s) _____ Land Grant name, if applicable <u>N/A</u> Tax Parcel Identification Number <u>092226-1205-017-00001 / 092226-1205-017-00000</u> Street address, road, or other location <u>SW corner SR 50 and Hancock Road</u> City, Zip Code if applicable _____			

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

Develop a 18.42 +/- acre commercial infrastructure plan containing on-site storm sewer system and pond.

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.

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: The following information is required only 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. _____

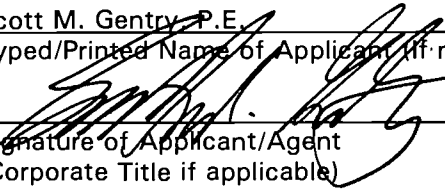
_____ |
| 3. _____

_____ | 4. _____

_____ |

By signing 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.

Scott M. Gentry, P.E.
Typed/Printed Name of Applicant (If no Agent is used) or Agent (If one is so authorized below)

 6/7/02
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 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.

Scott M. Gentry, P.E.
Typed/Printed Name of Applicant

 Signature of Applicant

6/7/02
Date

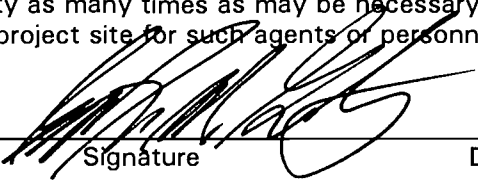
Principal
(Corporate Title if applicable)

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.

Scott M. Gentry, P.E.
Typed/Printed Name

 Signature

6/7/02
Date

Principal
(Corporate Title if applicable)



**KELLY,
COLLINS &
GENTRY, INC.**
ENGINEERING / PLANNING

TRANSMITTAL

TO: St. Johns River Water Management District 975 Keller Road Altamonte Springs, FL 32714-1618	DATE: June 7, 2002 KCG JOB#: 355.000 RE: College Station Center
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WE ARE SENDING YOU the following items:

- | | | | |
|--|---|---|----------------------------------|
| <input checked="" type="checkbox"/> Attached | <input type="checkbox"/> Under Separate Cover via | | |
| <input type="checkbox"/> Shop Drawings | <input type="checkbox"/> Prints | <input type="checkbox"/> Plans | <input type="checkbox"/> Samples |
| <input type="checkbox"/> Copy of Letter | <input type="checkbox"/> Change Order | <input type="checkbox"/> Specifications | <input type="checkbox"/> _____ |

COPIES	DATE	NO.	DESCRIPTION
5	06/07/02		Construction Plans
5	06/07/02		Drainage Reports
1	06/07/02		Application for Review
1	06/07/02		Check for \$1000.00 for Review fee

THESE ARE TRANSMITTED As Checked Below:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> For approval | <input type="checkbox"/> Approved as submitted | <input type="checkbox"/> Resubmit _____ copies for approval |
| <input checked="" type="checkbox"/> For your use | <input type="checkbox"/> Approved as noted | <input type="checkbox"/> Submit _____ copies for distribution |
| <input type="checkbox"/> As requested | <input type="checkbox"/> Returned for corrections | <input type="checkbox"/> Return _____ corrected prints |
| <input type="checkbox"/> For review and comment | | |

REMARKS: Should you have any questions please do not hesitate to contact our office.		
CC: Bob Shakar 355/3.2	SIGNED:	<div style="text-align: right;"> RECEIVED JUN 10 2002 PDS ALTAMONTE SVC. CTR. </div>
	NAME: Curtis Gashlin	
	TITLE:	

N:\COMMON\11projec\Jaymark\SR 50-Han\Permits\sjrwm\sjrwm060602.trn.wpd



Altamonte Springs Service Center

PDS ROUTING CHECKLIST

DELIVERY METHOD: US Mail HD UPS Fed Ex Other
DATE-RECEIVED 6/10/02 BY: MP
MAIL TYPE: Application Mail _____
NUMBER OF COPIES 6/10/02 BY: MP
CHECK ENTERED ON _____ BY: _____
STAMPED IN ON 6/10/02 BY: MP
DATE ENTERED INTO GRS 6/10/02 BY: MP
NUMBERED ON 6/10/02 BY: MP
COPIED ON 6/10/02 BY: MP

REVIEWERS

ENGINEER: A. Aboodi

REGULATORY SCIENTIST: V. Nations

APPLICATION #: 4D-069-84016-1

GIS - Date Received _____/_____/_____

MSSW GIS Processing Sheet

Application # 40-069-84016-1

Section(s) 09

Township(s) 22

Range(s) 26

Basin Code EB ___ OB ___ UB ___ WB ___ WP ___ Other

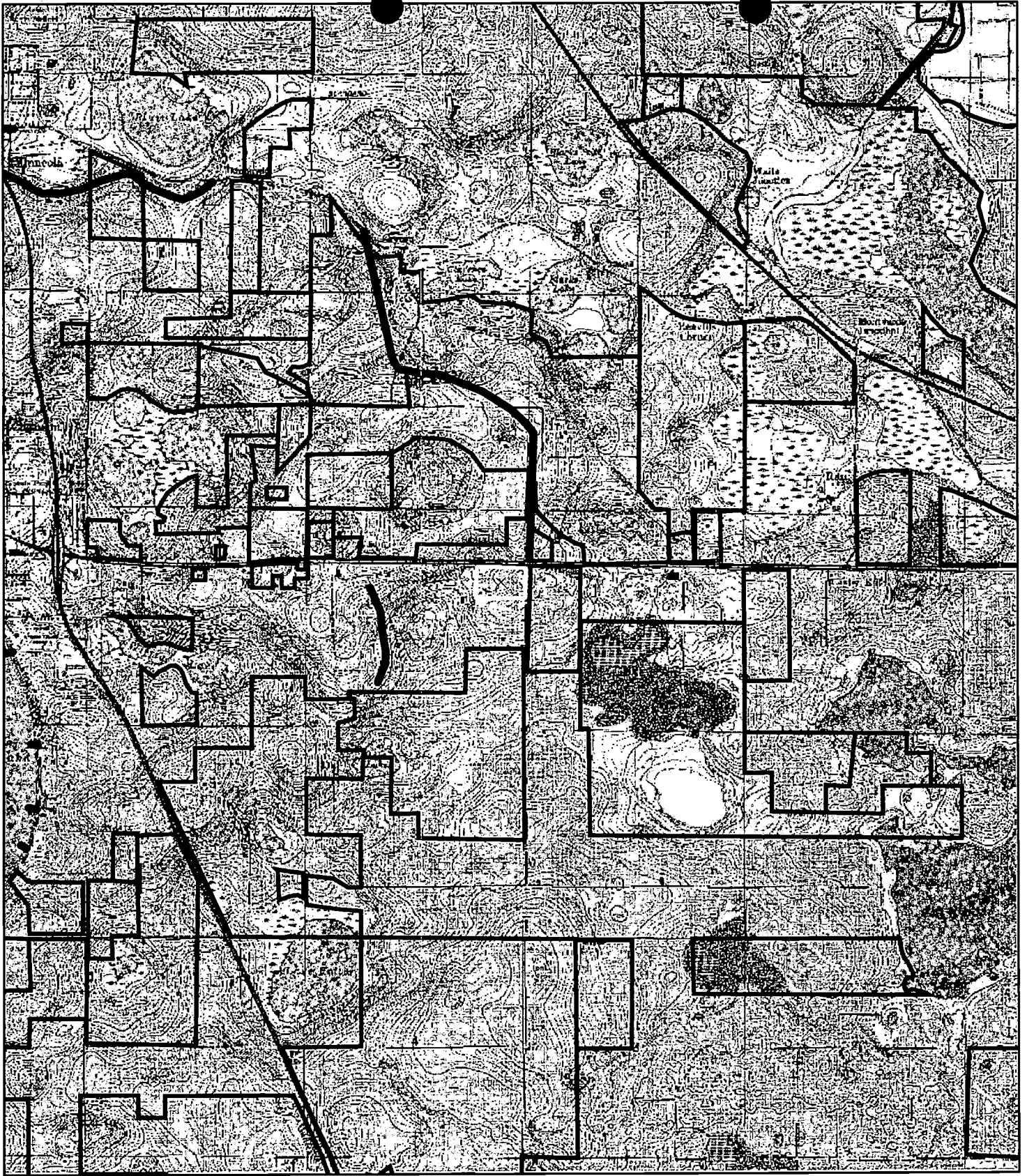
Date Mapped 6-20-02 Acceptable? Yes ___ No

Map # 84016 Quad Name 0 Clermont East

Additional Quads/Comments _____

Mapper's Initials AK

Reviewer _____



ERP GRS# 84016

 PDSLIB.ERPSDE