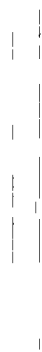




APPLICATION 1719





Altamonte Springs Service Center

PDS ROUTING CHECKLIST

DELIVERY METHOD: US Mail HD UPS Fed Ex Other _____
DATE-RECEIVED 7-2-02 BY: [Signature]
MAIL TYPE: Application Mail _____
NUMBER OF COPIES 3 BY: [Signature]
CHECK ENTERED ON 7-2-02 BY: [Signature]
STAMPED IN ON 7-2-02 BY: [Signature]
DATE ENTERED INTO GRS 7-2-02 BY: [Signature]
NUMBERED ON _____ BY: _____
COPIED ON 7-2-02 BY: [Signature]

REVIEWERS

ENGINEER: A. Napoli

REGULATORY SCIENTIST: C. Nations

APPLICATION #: 40-069-84428-1

84428 - 1 + 2

GIS - Date Received _____

MSSW (orig) Processing Sheet (Trans)

Application # ⁴² ~~40~~-069-84428-1

Section(s) 28

Township(s) 22

Range(s) 26

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

Date Mapped 7-8-02 Acceptable? Yes No ___

Map # 84428 Quad Name Clermont East

Additional Quads/Comments _____

Mapper's Initials AR

Reviewer _____



AMERICAN CIVIL ENGINEERING CO.

207 NORTH MOSS ROAD, SUITE 211 • WINTER SPRINGS, FLORIDA 32708
Telephone: (407) 327-7700 • Fax: (407) 327-0227

July 1, 2002

St. John's River Water Management District
Lake County Reviewer
618 East South Street
Orlando, Florida 32801

Re: **HANCOCK VILLAGE**
NORTHWEST CORNER OF S.R. 50 & HANCOCK ROAD
M.S.S.W. PERMIT APPLICATION

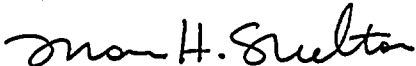
Dear Lake County Reviewer:

Find enclosed the following items for the M.S.S.W. application for your review on the above mentioned project:

- One (1) application fee of \$500.00
- Five (5) executed copies of the application
- Five (5) signed and sealed sets of construction plans
- Five (5) copies of signed and sealed stormwater management reports
- Five (5) signed and sealed copies of the geotechnical report
- Five (5) copies of the notice of receipts

If there are any questions or comments regarding this submittal, do not hesitate in contacting us immediately.

Sincerely,
American Civil Engineering Company



Thomas H. Skelton, P.E.
Vice President

THS/msh

cc: Thomas McGee; NTR Development, Inc.
Spencer Phelps; Trycon, Inc.
Cecilia Bonifay; Akerman, Senterfitt & Eidson, PA

84428-1

RECEIVED

JUL 02 2002

PDS
ALTAMONTE SVC. CTR.

Fee Receipt

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

REPRINT

Date: Jul. 02, 2002
By: Lisette Bonilla

RECEIPT #: 17544
RECEIVED FROM: Trycon, Inc.
THE SUM OF: \$500.00

FOR: Application Fee

FEE DETAIL INFORMATION

F/A Receipt O-023633 \$500.00

RECEIVED OF	<u>Trycon Inc</u>	DATE	<u>7/2/02</u>	(17544)
ADDRESS	<u>Hancock Village</u>			0 023633
ACCT. NO.	<u>CHK 1378</u>			
	<u>-069-</u>			DOLLARS \$ <u>500.-</u>
<input type="checkbox"/> CASH	<input checked="" type="checkbox"/> CHECK	ST. JOHNS RIVER WATER MANAGEMENT DISTRICT		
<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> DRAFT	P.O. Box 1429		
FOR	<u>APP</u>	Palatka, Florida 32178-1429		
803		by <u>L Bonilla</u> Thank You		

TRYCON, INC.
300 INTERNATIONAL PARKWAY, STE. 184
HEATHROW, FL 32746

FIRST UNION NATIONAL BANK
63-751/631

1378

6/17/2002

PAY TO THE ORDER OF St. Johns River Water Management District

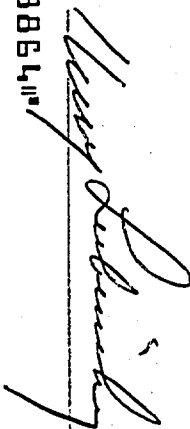
\$ **500.00

DOLLARS

St. Johns River Water Management District

MEMO Permitting-Clermont

⑆001378⑆ ⑆0531075131⑆ 200001098888⑆⑆⑆



MP

10-069-84428-1

ACOE Application #

SR Application #

Date Application Received

Date Application Received

Proposed Project Lat

Fee Received \$

Proposed Project Long

Fee Receipt #

Date Received

Project Use Codes

Assigned Reviewers

Reviewer's

Abodi, 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

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:

- 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

If yes provide rule number if known _____.

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OWNER(S) OF LAND	ENTITY TO RECEIVE PERMIT (IF OTHER THAN OWNER)
NAME Rabi and George Nesheiwat	NAME Applicant
ADDRESS 435 Meadow drive	ADDRESS
CITY, STATE, ZIP Roselle, IL 60172	CITY, STATE, ZIP
COMPANY AND TITLE	COMPANY AND TITLE
TELEPHONE (630) 295-9815 FAX ()	TELEPHONE () FAX ()
AGENT AUTHORIZED TO SECURE PERMIT (IF AN AGENT IS USED)	CONSULTANT (IF DIFFERENT FROM AGENT)
NAME Spencer Phelps	NAME Thomas H. Skelton, PE
COMPANY AND TITLE Trycon, Inc.	COMPANY AND TITLE Vice President American Civil Engineering Co.
ADDRESS 300 International Pkwy, Ste 184	ADDRESS 207 N. Moss Road, Suite 211
CITY, STATE, ZIP Heathrow, FL 32746	CITY, STATE, ZIP Winter Springs, FL 32708
TELEPHONE (407) 804-8949 FAX (407) 804-8963	TELEPHONE (407) 327-7700 FAX (407) 327-0227
Name of project, including phase if applicable <u>Hancock Village</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>7.03</u> ac Total project area for which a permit is sought <u>7.03</u> ac Impervious area for which a permit is sought <u>4.92</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>0</u> acres <u>0</u> square feet <u>0</u> hectares <u>0</u> square meters If a clocking facility, the number of proposed new slips <u>0</u> .	
Project location (use additional sheets, if needed) County(ies) <u>Lake</u> Section(s) <u>28</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>09-22-26-120001600000</u> Street address, road, or other location <u>NW corner Hancock Road/SR 50</u> City, Zip Code if applicable <u>Clermont, FL 34711</u>	

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ALTAMONTE SVC. CTR.

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

To develop a 5 lot commercial subdivision, and construct the master stormwater system to serve the 7.03 acre project located on the northwest corner of Hancock Road and State Road 50, Clermont, FL..

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.

none to our knowledge

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)
none to our knowledge			

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. |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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ALTAMONTE SVC. CTR.

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.

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

By: 
Signature of Applicant/Agent

6/17/02
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 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 S.C. Section 1001.

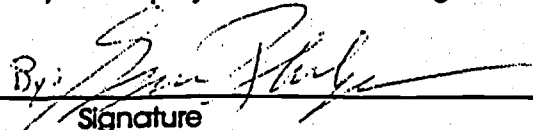
Typed/Printed Name of Applicant Signature of Applicant Date

(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.

By: 
Typed/Printed Name Signature

6/17/02
Date

(Corporate Title if applicable)
FORM NUMBER 40C-4.900(1)

RECEIVED
JUL 02 2002
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84428-1

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: Hancock Village County: Lake
Owner: Rabi and George Nesheiwat
Applicant: Trycon, Inc.
Applicant's Address: 300 International Parkway, Suite 184
Heathrow, FL 32746

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 wetland impacts

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.
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"):
To develop a 5 lot commercial subdivision, construct the master stormwater system to serve the 7.0 acre project.

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:
no wetland impacts

6. Provide a brief statement describing any proposed mitigation for impacts to wetlands and other surface waters (attach additional sheets if necessary):
no mitigation required

FOR AGENCY USE ONLY	
Application Name:	
Application Number:	
Office where the application can be inspected:	
Date to be posted:	<u>7/1/02</u>
Date to be removed:	<u>7/25/02</u>

40-069-84428-1
Altamonte Springs

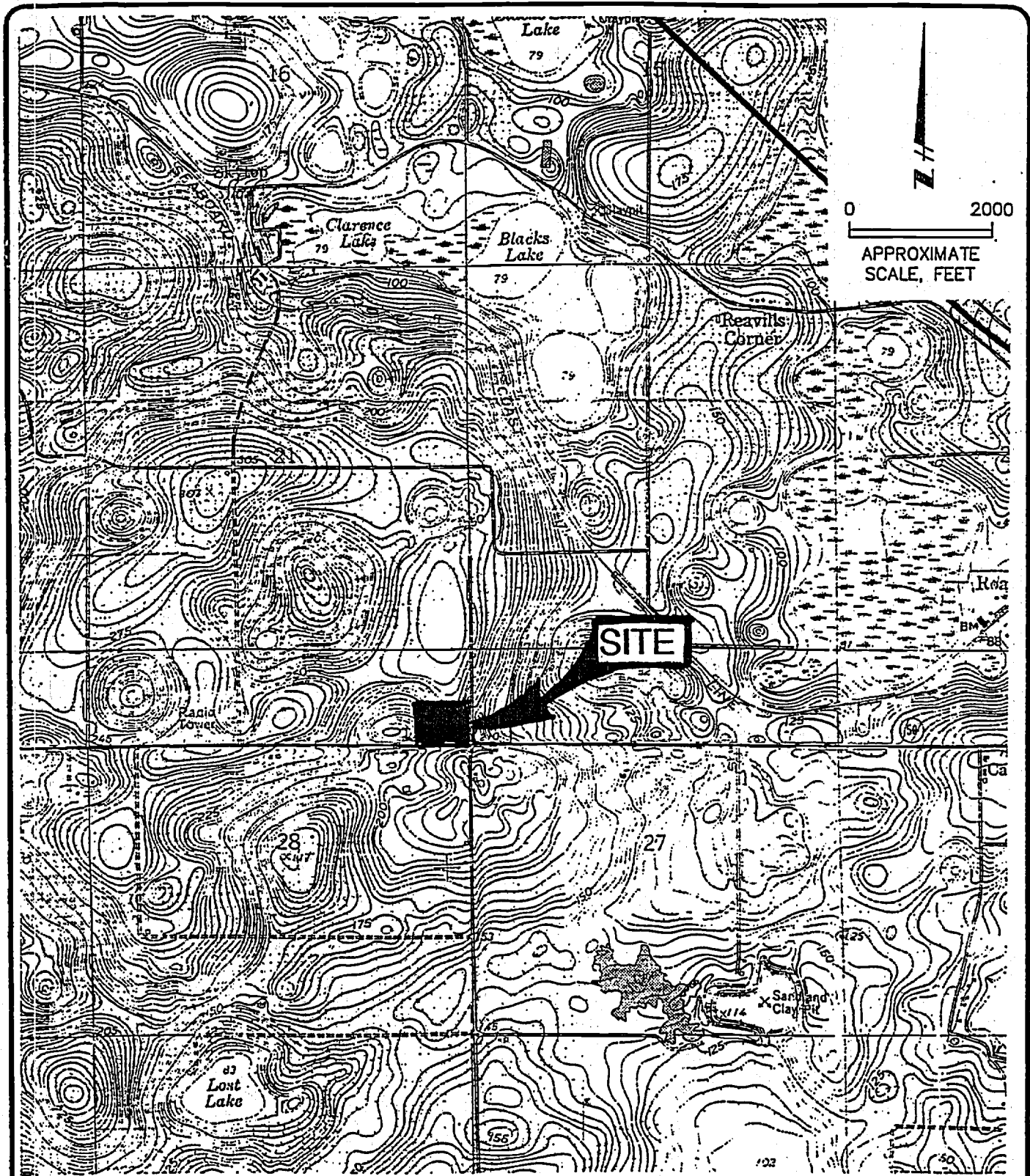
JUL 05 2002

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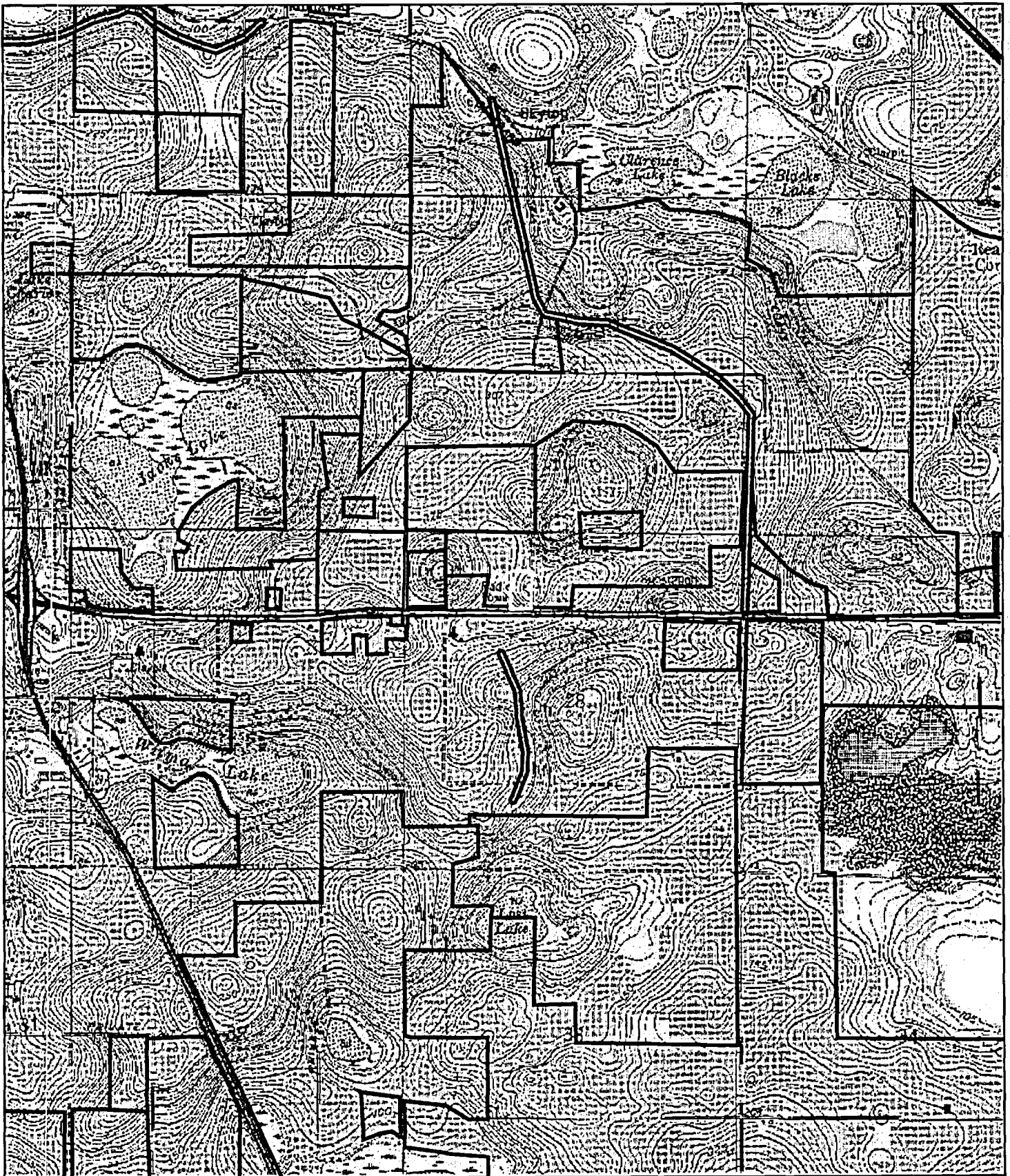
PAL

JUL 02 2002

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BASE MAP: "CLERMONT EAST, FLA." U.S.G.S. QUADRANGLE MAP, PHOTOREVISED 1970



ERP GRS# 84428



PDSLIB.ERPSDE