

APPLICATION

1719

APPLICATION ASSIGNMENT SHEET FOR ERP

Office: **Altamonte Springs** Reviewers: **Timothy Wetzel
Kenneth Lewis**

Date Received: **July 28, 2003** Date Processed: **July 28, 2003**

Application Number: **42-069-89927-1** County: **Lake**

Owner: **Lancaster 955 Limited Partnership**

Applicant: **Lancaster 955 Limited Partnership**

Agent/ Consultant: **Griffey Engineering Inc**

Project Name: **Scott Business & Industrial Center**

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

_____ Plans (No. Receive:___)

_____ Calculations (No. Receive:___)

_____ Notice of Receipt of Application

_____ Fee: **\$350.00** Receipt # **21967**

Comments:

Application is administratively completed?

By: 

28 th Day: **August 25, 2003**

● Fee Receipt ●

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

P. O. Box 1429

Palatka, FL 32178-1429

Date: Jul. 28, 2003

By: Lisette Bonilla

RECEIPT #: 21967

RECEIVED FROM: Lancaster 955 Limited Partnership

THE SUM OF: \$350.00

FOR: Application Fee

FEE DETAIL INFORMATION

F/A Receipt A-025397 \$350.00

DATE	
7/28/03	
RECEIVED OF	Lancaster 955 Limited Partnership
ADDRESS	Scott Business + Industrial Center
	42-069-89927-1
PK	1235
ACCT. NO.	1235
<input type="checkbox"/> CASH	<input checked="" type="checkbox"/> CHECK
<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> DRAFT
FOR	app
803	

(21967)
A025397

DOLLARS \$ 350.-

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

by *L. Bonilla*

Thank You

89927 1- M

A-025397 (21967)

LANCASTER 955 LIMITED PARTNERSHIP

P. O. BOX 593298
ORLANDO, FL 32859

FIRST NATIONAL
BANK OF CENTRAL FLORIDA
ORLANDO, FLORIDA 32835
63-1215-631

1235

PAY TO THE ORDER OF SJRWMD

7/19/2003

Three Hundred Fifty and 00/100*****

**350.00

\$

SJRWMD
C/O Griffey Engineering
2001 Old Highway 441, Suite 2
Mount Dora, FL 32757

DOLLARS

MEMO St. Johns River Management application

Barbara H. Scott

Details on back. Security Features Included.

081064/2.00

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: Scott Business & Industrial Center County: Lake
Owner: Barbara Scott, Lancaster 955 Limited Partnership
Applicant: Barbara Scott
Applicant's Address: P.O. Box 593298, Orlando, Florida 32859-3298

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: N/A
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"):
The proposed construction includes 21,500 sf of commercial/light manufacturing/warehouse buildings, paved parking areas, and two (2) water retention areas (WRA)
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

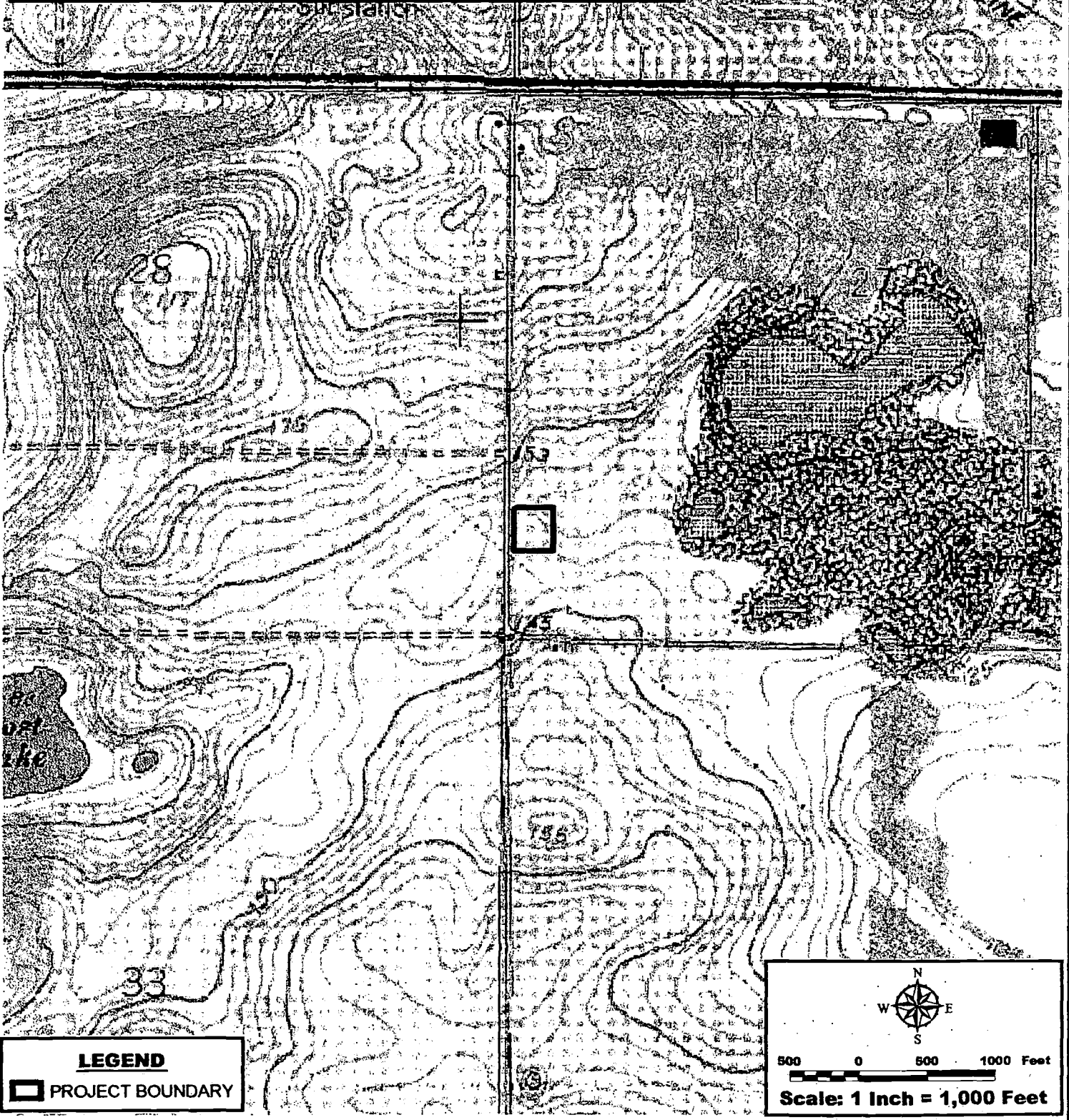
Application Name: _____	Altamonte Springs Service Center
Application Number: _____	Scott Business & Industrial Center
Office where the application can be inspected: _____	42-069-89927-1
Date to be posted: <u>8-6-03</u>	Altamonte Springs Service Center
Date to be removed: <u>8-20-03</u>	

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PAL

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JUL 28 2003

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ALTAMONTE SVC. CTR.

Source: Back Drop to Project boundary represents the 7.5 Minute Quadrangle sheet for Clermont East, Florida as originally produced by the U.S. Geological Survey. Image was obtained from VisiCom Sure!Maps RASTER in the form of a Raster Image File. Source Scale: 1 Inch equals 2,000 feet (1:24,000).

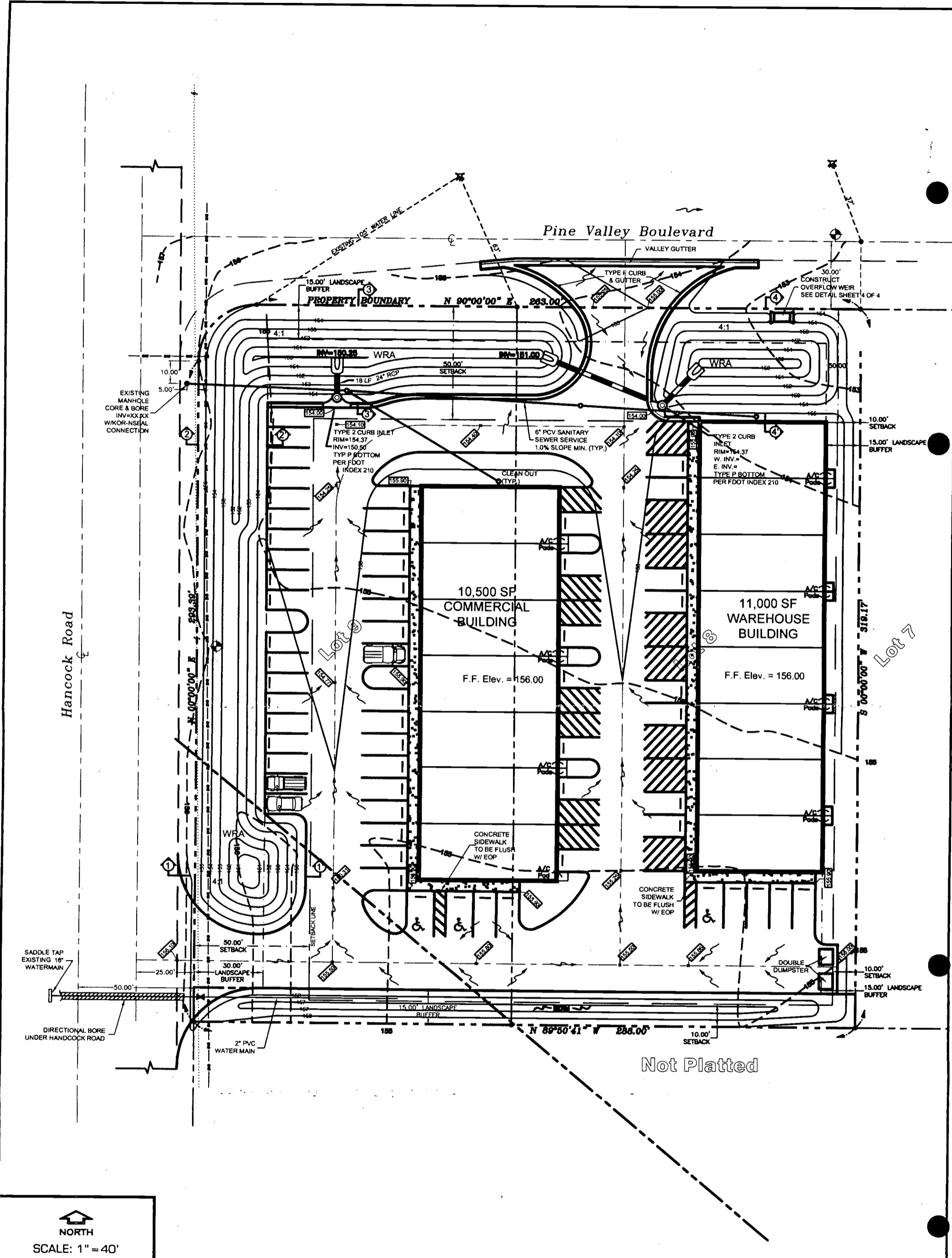



LEGEND
□ PROJECT BOUNDARY

Scale: 1 Inch = 1,000 Feet

**SCOTT SITE
LAKE COUNTY, FLORIDA
FIGURE 3
USGS TOPOGRAPHY MAP**

LPG Express Services Inc.
2001 OLD U.S. HWY 441, Suite 5 / (352) 735-0346
Mount Dora, Florida 32767 / Fax: (352) 383-3877




 NORTH
 SCALE: 1" = 40'

Donald A. Griffey, PE #36799
 GRIFFEY ENGINEERING, INC.
 2001 OLD HWY 441, SUITE 2
 MOUNT DORA, FL 32757

SCOTT BUSINESS & INDUSTRIAL CENTER
LAKE COUNTY, FLORIDA
SITE MAP

GRIFFEY ENGINEERING
 2001 OLD HWY 441, SUITE 2
 MOUNT DORA, FLORIDA 32757
 (352) 383-4786
 FAX (352) 383-0828

FILE#: 03006SPN

DATE: 7/1/03

REVISED:

DRAWN: GSH

FOR AGENCY USE ONLY

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

SJR Application # 42-069-89927-1
Date Application Received _____
Fee Received \$ _____
Fee Receipt # _____
Date Received _____ Project Use Codes _____
Assigned Reviewers _____ Reviewer#s _____

K Lewis T. Wetzel

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.
- X 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)

- X 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 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 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 Programmatic General
- 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 Barbara Scott	NAME
ADDRESS P.O. Box 593298	ADDRESS
CITY, STATE, ZIP Orlando, Florida 32859-3298	CITY, STATE, ZIP
COMPANY AND TITLE Lancaster 955, Limited Partnership	COMPANY AND TITLE
TELEPHONE (407) 586-5658 FAX (407) 586-5698	TELEPHONE () FAX ()
AGENT AUTHORIZED TO SECURE PERMIT (IF AN AGENT IS USED)	CONSULTANT (IF DIFFERENT FROM AGENT)
NAME	NAME Donald A. Griffey, P.E.
COMPANY AND TITLE	COMPANY AND TITLE Griffey Engineering, Inc.
ADDRESS	ADDRESS 2001 Old Hwy 441, Suite 2
CITY, STATE, ZIP	CITY, STATE, ZIP Mount Dora, Fl 32757
TELEPHONE () FAX ()	TELEPHONE (352) 383-4786 FAX (352) 383-0828
Name of project, including phase if applicable <u>Scott Business & Industrial 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>2.10 ac</u> Total project area for which a permit is sought <u>2.59 ac including offsite area</u> Impervious area for which a permit is sought <u>1.80 ac</u> 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 If a docking facility, the number of proposed new slips _____ N/A Project location (use additional sheets, if needed) County(ies) <u>Lake County</u> Section(s) <u>27</u> Township(s) <u>22</u> Range(s) <u>26</u> Section(s) _____ Township(s) _____ Range(s) _____ Land Grant name, if applicable _____ Tax Parcel Identification Number <u>27-22-26-050000000800, Alt. Key:# 3304667</u> Street address, road, or other location <u>15016 Pine Valley Blvd.</u> City, Zip Code if applicable <u>Clermont, Florida 34711</u>	

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

The proposed construction includes a 11,000 sf and a 10,500 sf office/warehouse buildings, paved parking areas, and two (2) water retention areas (WRA)

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(Pending/Issued/Denied)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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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GRIFFEY ENGINEERING, INC.

July 24, 2003

St. Johns River Water Management District
Altamonte Springs Service Center
975 Keller Road
Altamonte Springs, FL 32714-1618

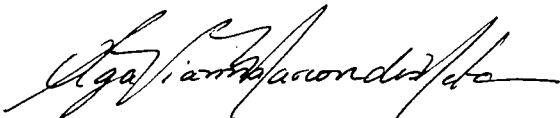
Re: Scott Business & Industrial Center – Standard General Stormwater Permit
Application (GEI Proj. #03006SPN)

Dear Sir or Madam:

Enclosed please find five (5) copies of the Environmental Resource Permit (ERP) application, five (5) plan sets, application fee in the amount of \$350.00 and five (5) sets of supporting documents for a Standard General Stormwater Permit for the above referenced project. The project site is located in the Pine Valley Industrial Park, Section 27, Township 22S, Range 26E

Should you have any questions, comments, or require additional information please do not hesitate to contact us.

Sincerely,



Olga V. Marcondes, Engineer

Enclosures

cc: Barbara Scott, Lancaster 955 Limited Partnership (w/ enclosures)
Scott Frost, Frost Developers & Builders (w/o enclosures)

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Altamonte Springs Service Center

FDS ROUTING CHECKLIST

DELIVERY METHOD: US Mail HD UPS Fed-Ex Other
DATE-RECEIVED: 7-28-03 BY: [Signature]
MAIL TYPE: Application Mail
NUMBER OF COPIES: 5 BY: [Signature]
CHECK ENTERED ON: 7-28-03 BY: [Signature]
STAMPED IN ON: 7-28-03 BY: [Signature]
DATE ENTERED INTO GRS: 7/28/03 BY: LF
NUMBERED ON: 7/29/03 BY: MP
COPIED ON: 7/29/03 BY: MP

REVIEWERS

ENGINEER: K. Lewis

REGULATORY SCIENTIST: T. Wetzel

APPLICATION #: 42-069-89927-1