
**Application for
Individual and Conceptual Approval
Environmental Resource Permit,
State 404 Program Permit,
and Authorization to Use State-Owned
Submerged Lands**

Florida Department of Environmental Protection/
Water Management Districts

Effective 12/22/2020



Instructions for Use of This Form:

This form is designed to assist you in submitting a complete application. All applications must include Section A-General Information for All Activities. Sections B through H list typical information that is needed based on the proposed activities and are only required as applicable. Part 1-C of Section A will guide you to the correct sections needed based on your proposed activities. Applicants are advised to consult Chapter 62-330, F.A.C., and the Environmental Resource Permit Applicant’s Handbooks Volumes I and II for information regarding the ERP permitting process and requirements while preparing their application. Internet addresses for Chapter 62-330, F.A.C., and the Applicant’s Handbook, Agency contact information, and additional instructions for this form can be found in Attachment 1.

What Sections of the Application Must I Fill Out?

Type of Activity	Section A	Section B	Section C	Section D	Section E	Section F	Section G	Section H	Section I
Fill in wetlands or waters for a single family residence?	Y	Y	N	N	N	N	N	N	Y, if in assumed waters
Docks, shoreline stabilization, seawalls associated with a single family residence?	Y	Y	N	N	N	Y, as needed	N	N	Y, if in assumed waters
Wetland impacts (other than association with an individual residence)?	Y	N	Y	N	N	N	N	N	Y, if in assumed waters
Boating facilities, a marina, jetty, reef, or dredging?	Y	N	Y	Y	N	Y, as needed	N	N	Y, if in assumed waters
Any work on state owned submerged land?	Y	N	Y	N	N	Y	N	N	Y, if in assumed waters
Construction of a stormwater management system?	Y	N	Y, as needed	N	Y	N	N	N	N
Constructing a mitigation bank?	Y	N	Y	N	Y, as needed	N	Y	N	Y, if in assumed waters
Creating a mine?	Y	N	Y, as needed	N	N	N	N	Y	Y, if in assumed waters

If you have any questions, or would like assistance completing this form, please contact the staff of the nearest office of either the Florida Department of Environmental Protection (DEP) or a Water Management District (WMD) (see Attachment 2).

Section A: General Information for All Activities

Part 1: Name, Application Type, Location, and Description of Activity

A. Name of project, including phase if applicable: **5-Points Complex Project - Phase 1 Lake Minnie Connector Road**

B. This is for (check all that apply):

- Construction or operation of **new** works, activities and/ or a stormwater management system
- Conceptual Approval** of proposed works, activities and/ or a stormwater management system
- Modification or Alteration of **existing** works activities and / or a stormwater management system. Provide the existing DEP or WMD permit #, if known: _____ Note: Minor modifications do not require completion of this form, and may instead be requested by letter in accordance with section 6.2 of Applicant's Handbook Volume I.
- Maintenance or repair** of works, activities and/ or stormwater management system previously permitted by the DEP or WMD. Provide existing permit #, if known: _____
- Abandonment or removal of works, activities and/ or stormwater management system Provide existing DEP or WMD permit #, if known: _____
- Operation of an **existing unpermitted** work, activity, and/or stormwater management system.
- Construction of additional phases of a permitted work, activity, or system. Provide the existing DEP or WMD permit #, if known: _____
- A State 404 Program authorization:
 - Exemption General Permit Individual Permit

If requesting an Exemption or General Permit provide Rule #, if known:

By checking this box, I hereby voluntarily waive, in accordance with Rule 62-330.090(8), F.A.C., the agency action deadlines in section 5.5.3 of Volume I in the event my project also requires a State 404 Program authorization (other than an exemption) under Chapter 62-331, F.A.C., and request that the agency actions for the ERP and State 404 Program authorizations be issued at the same time. (This is strongly recommended to ensure consistency, and to reduce the potential need for project modifications to resolve inconsistencies that may occur when the agency actions are issued at different times.) If this box is checked and the Agency(ies) determines that no State 404 Program authorization is required, the Agency will continue to abide by section 5.5.3 of Volume I.

C. List the type of activities proposed. Check all that apply, and provide the supplemental information requested in each of the referenced application sections. Please also reference Applicant's Handbooks I and II for the type of information that may be needed.

- Activities associated with one single-family residence, duplex, triplex, or quadruplex that do not qualify for an exemption or a Noticed General Permit: **Provide the information requested in Section B. Do not complete Section C.**
- Activities within wetlands or surface waters, or within 25 feet of a wetland or surface water, (not including the activities associated with an individual single-family residence). *Examples include dredging, filling, outfall structures, docks, piers, over-water structures, shoreline stabilization, mitigation, reclamation, restoration/ enhancement.* **Provide the information requested in Section C.**
- Activities within navigable or flowing surface waters such as a multi-slip dock or marina, dry storage facility, dredging, bridge, breakwaters, reefs, or other offshore structures: **In addition to Section C, also provide the information requested in Section D.**
- Activities that are (or may be) located within, on or over state-owned submerged lands (See Chapter 18-21, F.A.C. <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=18-21>): **In addition to Section B or C, also provide the information requested in Section F**
- Construction or alteration of a stormwater management system serving residential, commercial, transportation, industrial, agricultural, or other land uses, or a solid waste facility (excluding mines that are regulated by DEP). **Provide the information requested in Section E.**
- Creation or modification of Mitigation Bank (refer to Chapter 62-342, F.A.C. <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=62-342>): **Provide the information requested in Section G.**
- Mines (as defined by in Section 2.0 of Applicant's Handbook Volume I) that are regulated by the DEP: **Provide the information requested in Section H.**
- Other, describe: _____ Please contact the Agency to determine which additional sections of the application are needed. See Attachment 2 for Agency contacts.

D. Describe in general terms the proposed project, system, works, or other activities. For permit modifications, please briefly describe the changes requested to the permit: **The proposed improvements include the addition of a 2-lane Lake Minnie Connector Road for access to the Seminole County 5-Points Complex. The stormwater conveyance improvements include curb and gutter, storm sewer pipes, drainage structures, and a stormwater pond.**

E. Project/Activity Street/Road Address or other location (if applicable): **From Lake Minnie Drive to the Seminole County Parking Garage**

City: **Sanford**

County(ies)**Seminole**

Zip: **32773**

Note: For utility, road, or ditch/canal activities, provide a starting and ending point using street names and nearest house numbers or provide length of project in miles along named streets or highways.

F. Project location map and Section, Township, and Range information (use additional sheets if needed):

Please attach a location map showing the location and boundaries of the proposed activity in relation to major intersections or other landmarks. 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.

Land Grant name, if applicable:

Section(s): 14 Township: 20S Range: 30E

G. Latitude (DMS) Longitude (DMS) (Taken from central location of the activity). Explain source for obtaining latitude and longitude (i.e. U.S.G.S. Quadrangle Map, GPS, online resource):

H. Tax Parcel Identification Number(s): **1120305AN00000030, 1120305AN00000050, 1120305AN00000090, 14203030001200000**

[Number may be obtained from property tax bill or from the county property appraiser’s office; if on multiple parcels, provide multiple Tax Parcel Identification Numbers]

I. Directions to Site (from major roads; include distances and landmarks as applicable): **From the intersection of Lake Mary Boulevard and U.S. Highway 17-92, head south along U.S. Highway 17-92 towards Lake Minnie Drive, turn right on Lake Minnie Drive, the project is on the left.**

J. Project area or phase area: **4.12** acres

K. Name of waterbody(ies) (if known) in which activities will occur or into which the system will discharge:

Receiving Waterbody	Class Type	Outstanding Florida Water	Aquatic Preserve
Lake Minnie	III Fresh	no	no

The following questions (L-N) are not applicable to activities related to a single-family residence, including private single-family residential docks, piers, seawalls or boat ramps.

L. Is it part of a larger plan of development or sale? yes no

M. Impervious or semi-impervious area excluding wetlands and other surface waters (if applicable): **1.61** acres or square feet

N. Volume of water the system is capable of impounding (if applicable):

Normal Pool: 6 acre-feet. Depth 8 ft.
Maximum Pool: 8 acre-feet. Depth 10 ft.

Part 2: Supplemental Information, and Permit History

- A. Is this an application to modify an existing Environmental Resource Permit, or to construct or implement part of a multi-phase project, such as a project with a Conceptual Approval permit? Yes No *If you answered "yes", please provide permit numbers below:*

AGENCY	DATE	PERMIT/ APPLICATION NO.	PROJECT NAME

- B. Indicate if there have been any **pre-application meeting(s)** with the DEP, WMD, or delegated local government, or other discussions, meetings, or coordination with other stakeholders or agencies about the proposed project, system or activity. If so, please provide the date(s), location(s) of the meeting, and the name(s) of Agency staff that attended the meeting(s):

AGENCY	DATE	LOCATION	MEETING ATTENDEES
SJR	20- DEC-21	Virtual Meeting	Tracy Miller (SJRWMD), Justin Dahl (SJMWD), Jeff Sloman (Seminole County), Nick Brow (Seminole County), Fursan Munjed (Pegasus), David Hamstra (Pegasus), Juan Fong (Pegasus), Beth Whikehart (Pegasus), and Catherine Bowman (Bowman & Blair)

- C. **Attach a depiction (plan and section views), which clearly shows the works or other activities proposed to be constructed.** Use multiple sheets, if necessary, a scale sufficient to show the location and type of works, and include a north arrow and a key to any symbols used. **Specific information to be included in the plans is based on the activities proposed and is further described in Sections B-H.** However, supplemental information may be required based on the specific circumstances or location of the proposed works or other activities.
- D. Processing Fee: **Please submit the application processing fee along with this application form and supplemental information.** Processing fees vary based on the size of the activity, the type of permit applied for, and the reviewing Agency. Please reference Appendix D of Applicant's Handbook Volume 1 to determine the appropriate fee.

Part 3: Applicant and Associated Parties Information

Instructions: Please complete the following sections. For corporations, list a person who is a registered agent or officer of the corporation who has the legal authority to bind the corporation.

A. Applicant (Entity Must Have Sufficient Real Property Interest)		
<input type="checkbox"/> This is a Contact Person for Additional Information		
Name: Last: Moussa	First: Sam	Middle:
Title: Professional Engineer	Company: Seminole County Public Works Department	
Address: 100 East 1st Street		
City: Sanford	State: FL	Zip: 32771
Home Telephone:	Work Telephone: (407) 665-5666	
Cell Phone:		

E-mail Address: wmousa@seminolecountyfl.gov			
Correspondence will be sent via email. Check here to receive correspondence via US Mail: <input type="checkbox"/>			
B. Land Owner(S) (If Different or in Addition to Applicant)			
<input type="checkbox"/> Check here if land owner is also a co-applicant			
Name: Last: Moussa		First: Sam	Middle:
Title: Professional Engineer		Company: Seminole County Public Works Department	
Address: 100 East 1st Street			
City: Sanford		State: FL	Zip: 32771
Home Telephone:		Work Telephone: (407) 665-5666	
Cell Phone:			
E-mail Address: wmousa@seminolecountyfl.gov			
Correspondence will be sent via email. Check here to receive correspondence via US Mail: <input type="checkbox"/>			
C. Operation and Maintenance Entity (see Applicant's Handbook I, Section 12.3)			
Entity Name:		Contact: Last: Moussa	First: Sam
Title: Professional Engineer		Company: Seminole County Public Works Department	
Address: 100 East 1st Street			
City: Sanford		State: FL	Zip: 32771
Home Telephone:		Work Telephone: (407) 665-5666	
Cell Phone:			
E-mail Address: wmousa@seminolecountyfl.gov			
Correspondence will be sent via email. Check here to receive correspondence via US Mail: <input type="checkbox"/>			

D. Co-Applicant (If Different or In Addition to Applicant and Owner)			
Name: Last:		First:	Middle:
Title:		Company:	
Address:			
City:		State:	Zip:
Home Telephone:		Work Telephone:	
Cell Phone:			
E-mail Address:			
Correspondence will be sent via email. Check here to receive correspondence via US Mail: <input type="checkbox"/>			
E. Registered Professional Consultant <input checked="" type="checkbox"/> This is a contact person for additional information			
Name: Last: David		First: Hamstra	Middle:
Title: Stormwater Department Manager		Company: Pegasus Engineering	
Address: 301 West State Road 434, Suite 309			
City: Winter Springs		State: FL	Zip: 32708

Home Telephone:		Work Telephone: (407) 992-9160	
Cell Phone: (407) 247-0003			
E-mail Address: david@pegasusengineering.net			
Correspondence will be sent via email. Check here to receive correspondence via US Mail: <input type="checkbox"/>			
F. Environmental Consultant <input type="checkbox"/> This is a contact person for additional information			
Name: Last: Bowman		First: Catherine	Middle:
Title: President, Ecologist		Company: Bowman & Blair Ecology and Design, Inc.	
Address: 5080 Parkridge Court			
City: Oviedo		State: FL	Zip: 32765
Home Telephone:		Work Telephone: (407) 637-5883	
Cell Phone: (407) 761-7109			
E-mail Address: cbowman@bowmanandblair.com			
Correspondence will be sent via email. Check here to receive correspondence via US Mail: <input type="checkbox"/>			
G. Agent Authorized to Secure Permit (If Different from Consultant) <input type="checkbox"/> This is a contact person for additional information			
Name: Last:		First:	Middle:
Title:		Company:	
Address:			
City:		State:	Zip:
Home Telephone:		Work Telephone:	
Cell Phone:			
E-mail Address:			
Correspondence will be sent via email. Check here to receive correspondence via US Mail: <input type="checkbox"/>			

If necessary, please add additional pages for other contacts and property owners related to this project.

H. Real Property Interest

- a. Permits are only issued to entities having sufficient real property interest as described in Section 4.2.3(d) of Applicant's Handbook Volume I. **Please attach evidence of the applicant's real property interest over the land upon which the activities subject to the application will be conducted, including mitigation areas (if applicable).** Refer to Sections 4.2.3(d)-(e) for sufficient real property interest documentation.
- b. For activities that require a recorded notice in accordance with rule 62-330.090(7), F.A.C., please provide either the complete legal description of the property or a copy of the pages of the document recorded in the public records that contains the complete legal description. If the land upon which the proposed activities are to occur is not owned by the applicant, the applicant must also provide copies of any right-of-way, leases, easements, or other legal agreement which authorizes the applicant to perform the activities on those lands.

Additional Addresses

Applicant	
------------------	--

	,
--	---

Land Owner	,
-------------------	---

Operation and Maintenance Entity	,
---	---

Registered Professional Consultant	,
---	---

Environmental Consultant	,
---------------------------------	---

Agent	,
--------------	---

Compliance Entity	,
--------------------------	---

Consultant	,
-------------------	---