

SCALE: NTS

MAINTENANCE DREDGE

Application # _____

(OFFICIAL USE ONLY)



SHEET 1

FLORIDA CERTIFICATE OF
AUTHORIZATION #27664

**CLEARWATER PASS
DREDGE
LOCATION MAP**

WOODS CONSULTING

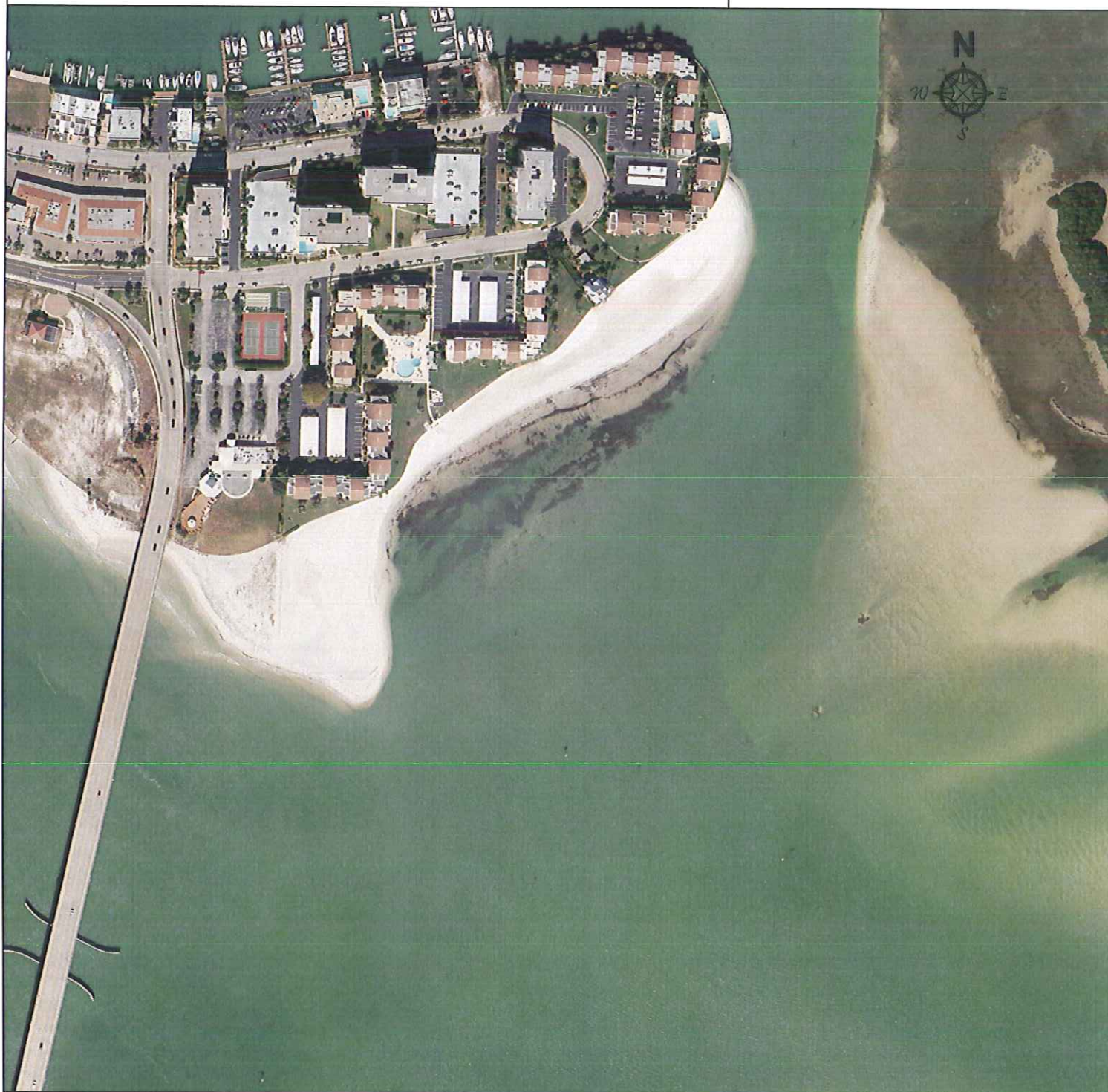
1714 COUNTY ROAD 1, SUITE 22
DUNEDIN, FL 34698
PH. (727) 786-5747
FAX (727) 786-7479

SCALE: NTS

MAINTENANCE DREDGE

Application #

(OFFICIAL USE ONLY)



SHEET 2

FLORIDA CERTIFICATE OF
AUTHORIZATION #27664

CLEARWATER PASS
DREDGE

EXISTING
CONDITIONS WITH
COLOR AERIAL

WOODS CONSULTING

1714 COUNTY ROAD 1, SUITE 22
DUNEDIN, FL 34698
PH. (727) 786-5747
FAX (727) 786-7479

SCALE: 1" = 300'

MAINTENANCE DREDGE

Application #

(OFFICIAL USE ONLY)



SHEET 3

FLORIDA CERTIFICATE OF
AUTHORIZATION #27664

CLEARWATER PASS
DREDGE

WOODS CONSULTING

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DUNEDIN, FL 34698
PH. (727) 786-5747
FAX (727) 786-7479

PROPOSED
DREDGE AREA

1520 CHATEAUWOOD DRIVE
CLEARWATER, FLORIDA 33764
TEL: (727) 580-4341
FAX: (727) 530-3790

SCALE: 1" = 40'

MAINTENANCE DREDGE

Application #

(OFFICIAL USE ONLY)



2+00

CHANNEL BOUNDARY

CUTE

CHANNEL BOUNDARY

0+00

R4

SHEET 4

FLORIDA CERTIFICATE OF
AUTHORIZATION #27664

CLEARWATER PASS
DREDGE

WOODS CONSULTING

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PH. (727) 786-5747
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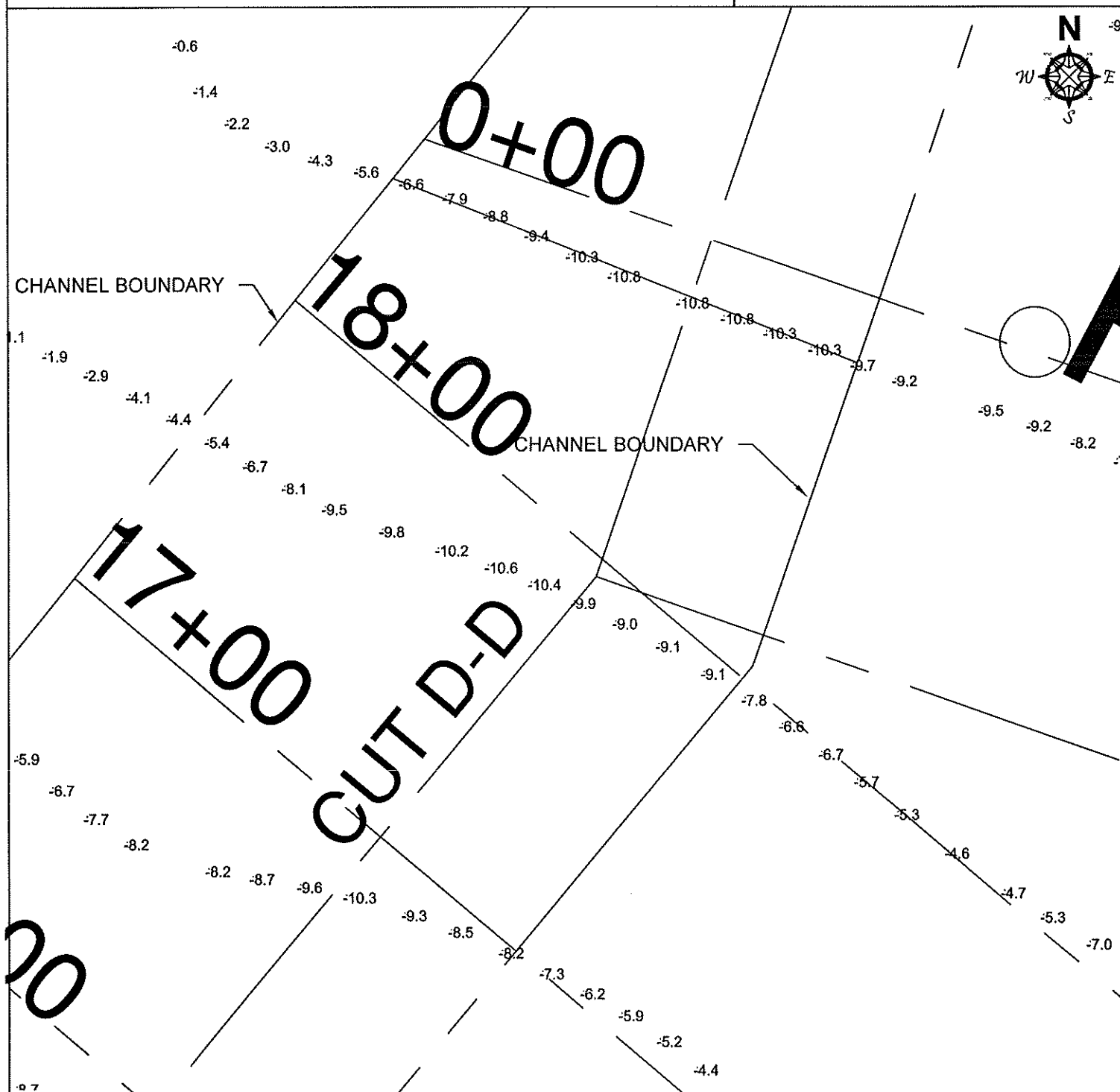
DEPTHS IN FEET AT
MEAN LOWER LOW
WATER

SCALE: 1" = 40'

MAINTENANCE DREDGE

Application #

(OFFICIAL USE ONLY)



SHEET 5

FLORIDA CERTIFICATE OF
AUTHORIZATION #27664

CLEARWATER PASS
DREDGE

DEPTHS IN FEET AT
MEAN LOWER LOW
WATER

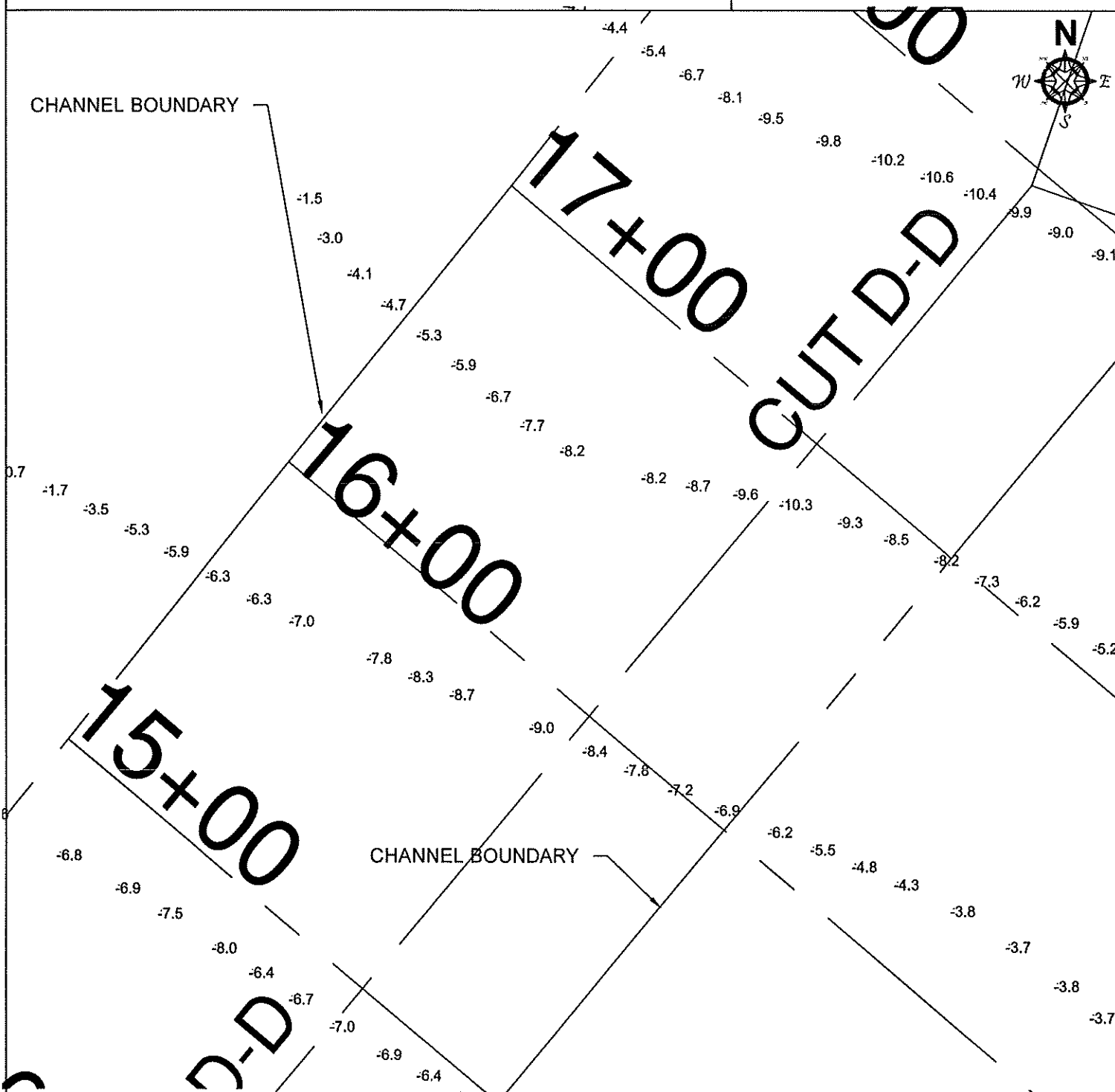
WOODS CONSULTING
1714 COUNTY ROAD 1, SUITE 22
DUNEDIN, FL 34698
PH. (727) 786-5747
FAX (727) 786-7479

SCALE: 1" = 40'

MAINTENANCE DREDGE

Application #

(OFFICIAL USE ONLY)



SHEET 6

FLORIDA CERTIFICATE OF
AUTHORIZATION #27664

CLEARWATER PASS
DREDGE

DEPTHS IN FEET AT
MEAN LOWER LOW
WATER

WOODS CONSULTING
1714 COUNTY ROAD 1, SUITE 22
DUNEDIN, FL 34698
PH. (727) 786-5747
FAX (727) 786-7479

SCALE: 1" = 40'

MAINTENANCE DREDGE

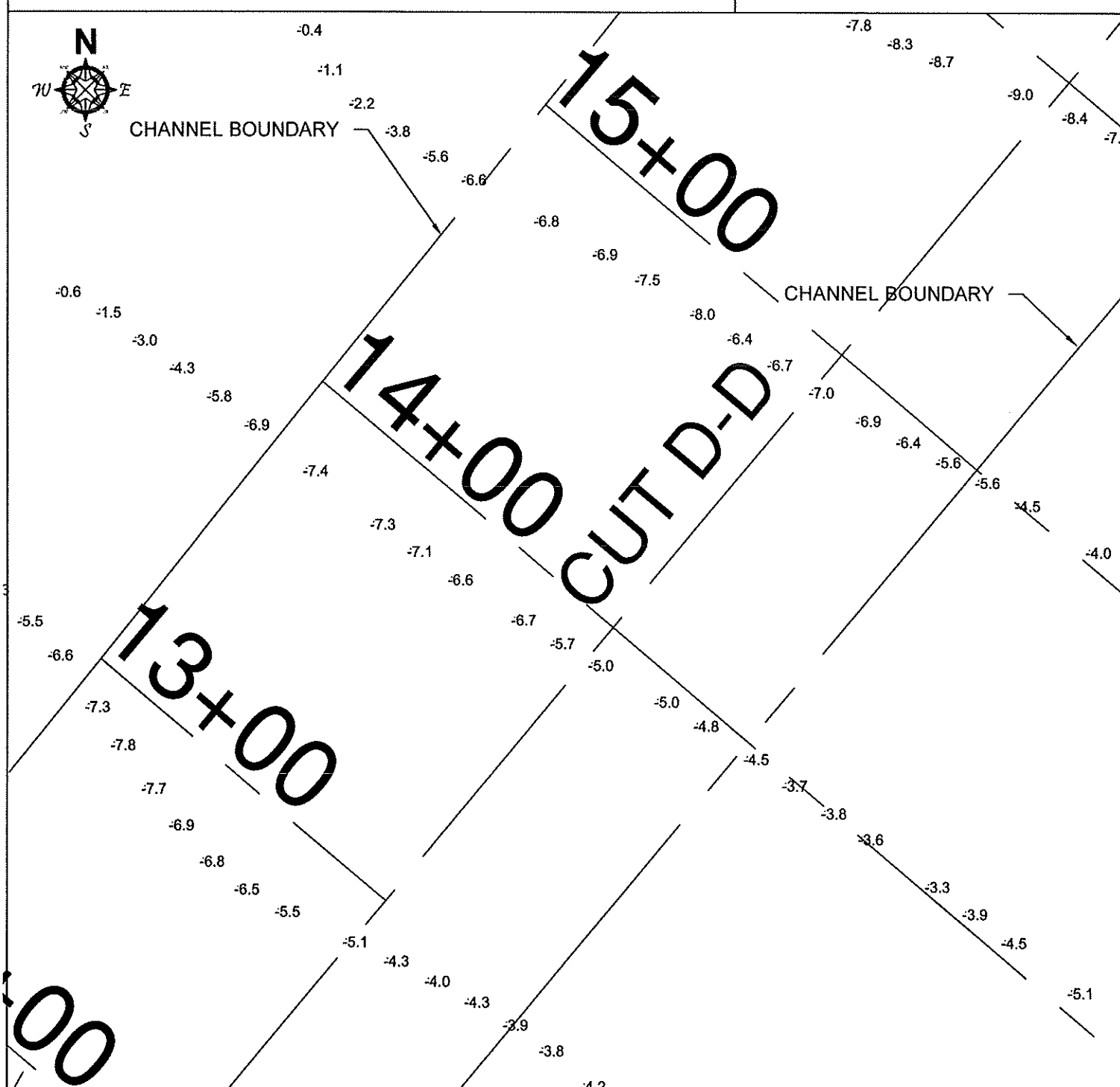
Application #

(OFFICIAL USE ONLY)



CHANNEL BOUNDARY

CHANNEL BOUNDARY



SHEET 7

FLORIDA CERTIFICATE OF
AUTHORIZATION #27664

CLEARWATER PASS
DREDGE

DEPTHS IN FEET AT
MEAN LOWER LOW
WATER

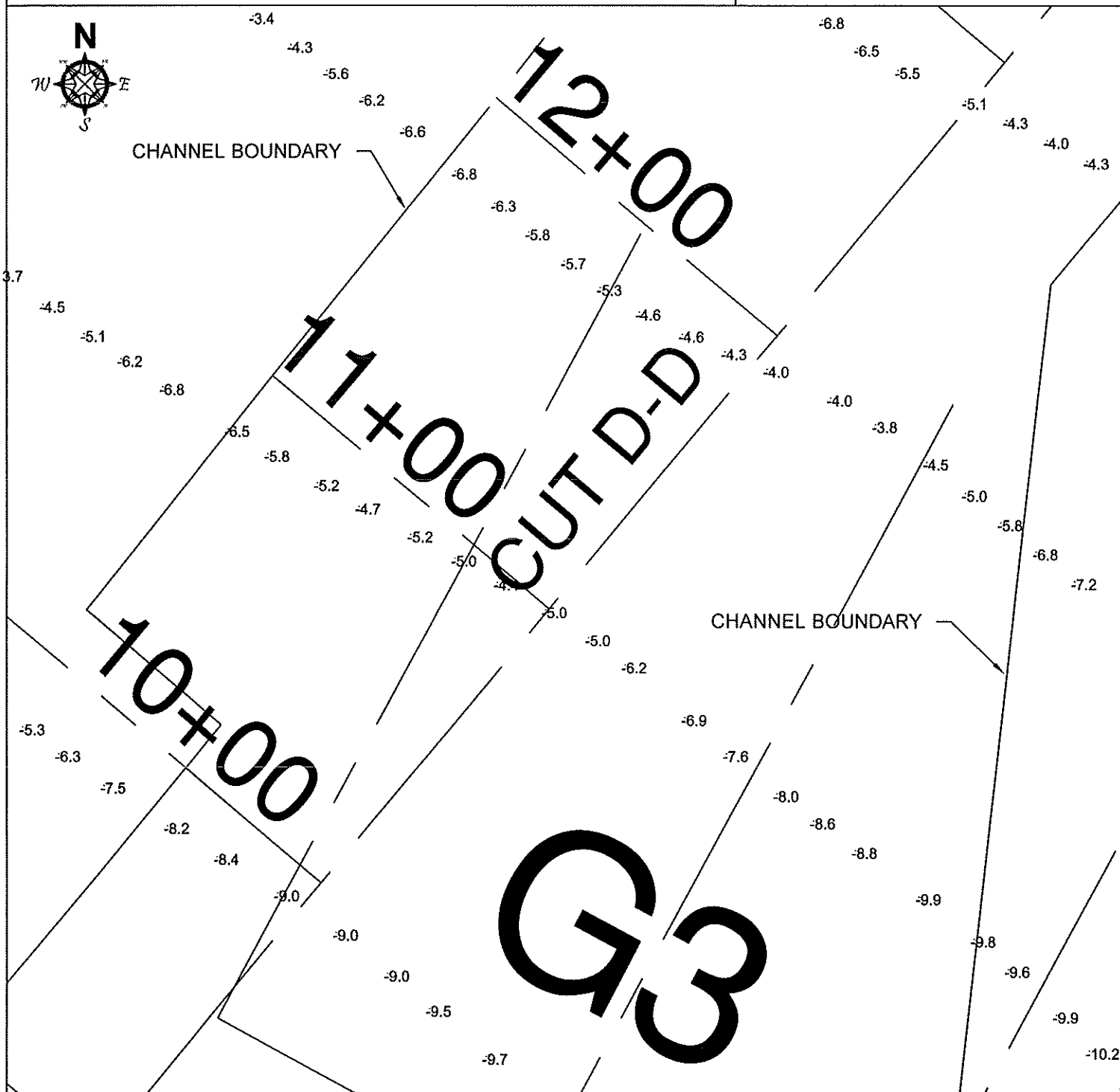
WOODS CONSULTING
1714 COUNTY ROAD 1, SUITE 22
DUNEDIN, FL 34698
PH. (727) 786-5747
FAX (727) 786-7479

SCALE: 1" = 40'

MAINTENANCE DREDGE

Application #

(OFFICIAL USE ONLY)



SHEET 8

FLORIDA CERTIFICATE OF
AUTHORIZATION #27664

CLEARWATER PASS
DREDGE

DEPTHS IN FEET AT
MEAN LOWER LOW
WATER

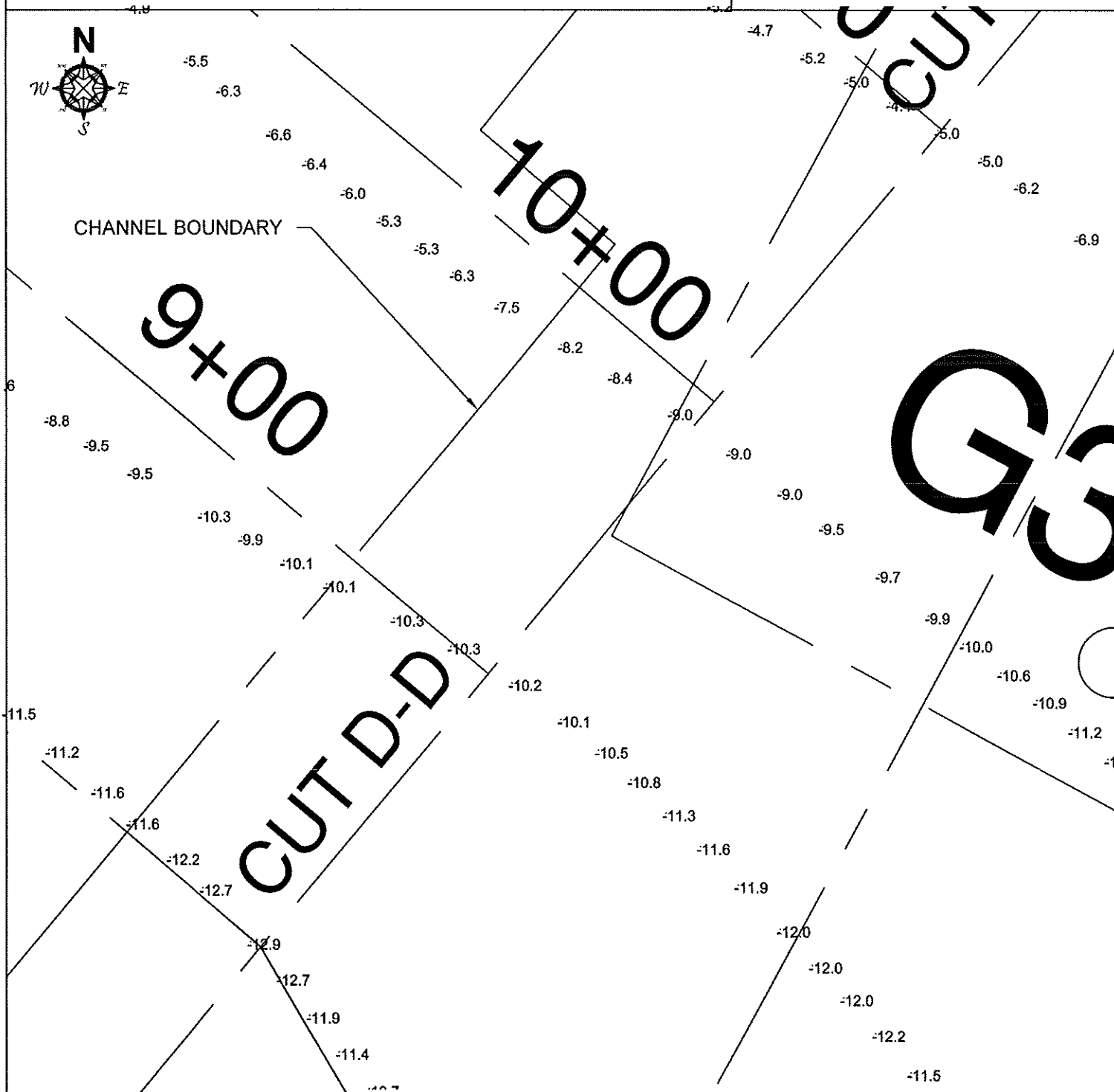
WOODS CONSULTING
1714 COUNTY ROAD 1, SUITE 22
DUNEDIN, FL 34698
PH. (727) 786-5747
FAX (727) 786-7479

SCALE: 1" = 40'

MAINTENANCE DREDGE

Application #

(OFFICIAL USE ONLY)



SHEET 9

FLORIDA CERTIFICATE OF
AUTHORIZATION #27664

CLEARWATER PASS
DREDGE

DEPTHS IN FEET AT
MEAN LOWER LOW
WATER

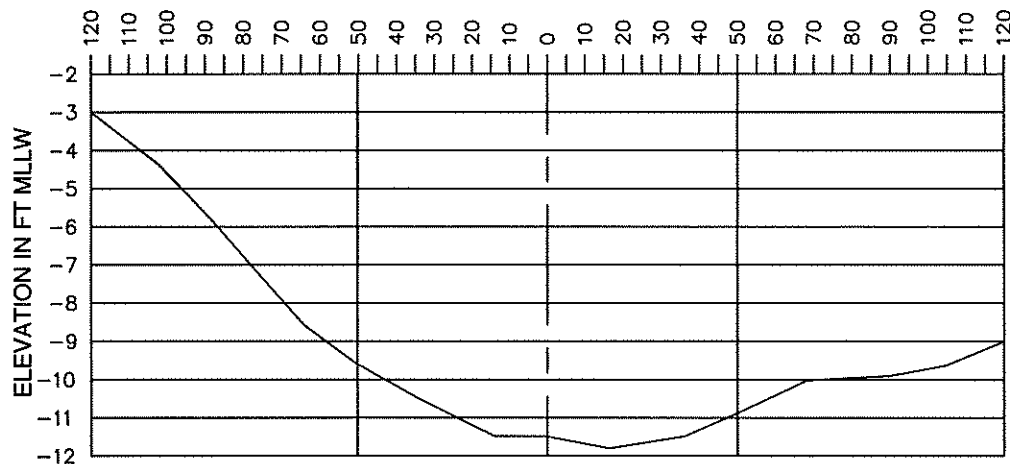
WOODS CONSULTING
1714 COUNTY ROAD 1, SUITE 22
DUNEDIN, FL 34698
PH. (727) 786-5747
FAX (727) 786-7479

SCALE: AS NOTED

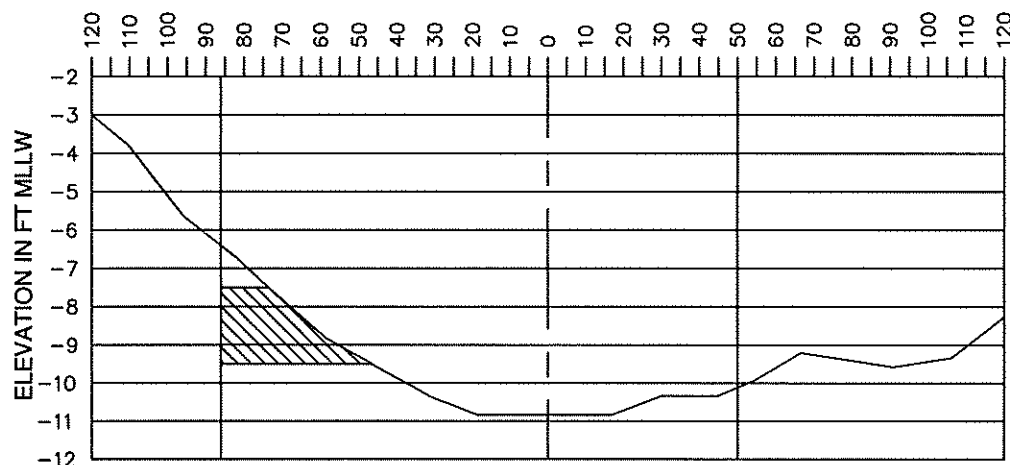
MAINTENANCE DREDGE

Application #

(OFFICIAL USE ONLY)



STATION 1+00 - CUT E
DREDGE AREA = 0.0ft²
ALLOWABLE OVER DREDGE AREA = 0.0ft²



STATION 0+00 - CUT E
DREDGE AREA = 7.1ft²
ALLOWABLE OVER DREDGE AREA = 49.2ft²

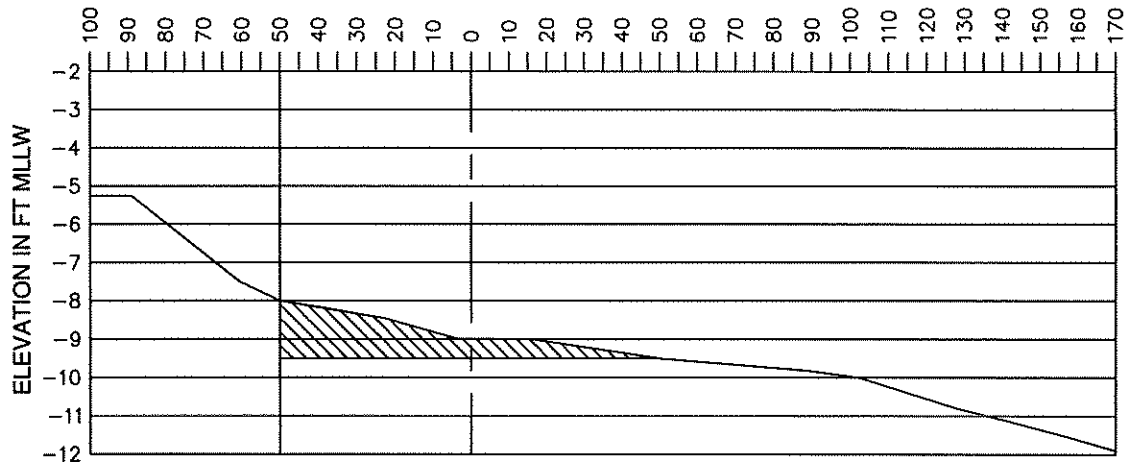
SHEET 10

FLORIDA CERTIFICATE OF
AUTHORIZATION #27664

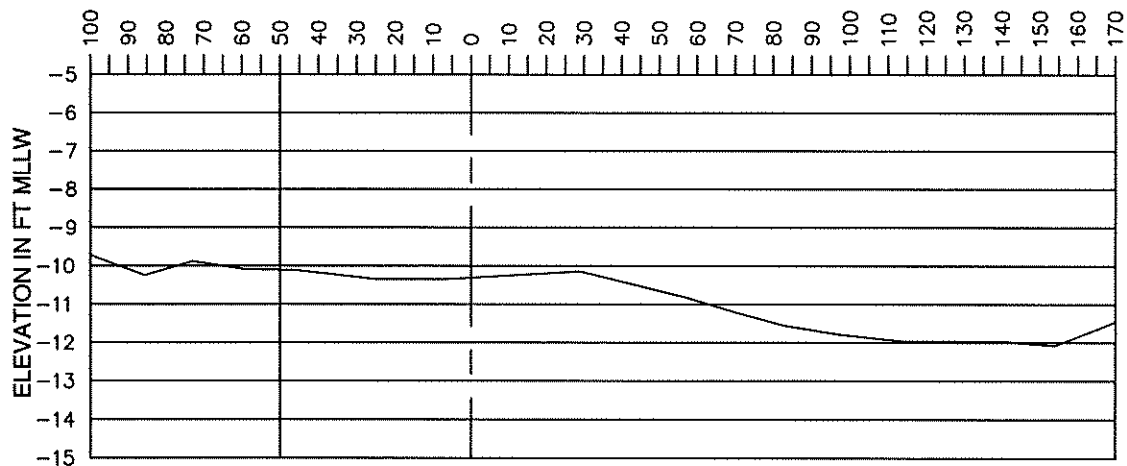
CLEARWATER PASS
DREDGE

WOODS CONSULTING
1714 COUNTY ROAD 1, SUITE 22
DUNEDIN, FL 34698
PH. (727) 786-5747
FAX (727) 786-7479

CROSS SECTIONS



STATION 10+00 - CUT D-D
DREDGE AREA=0.0ft²
ALLOWABLE OVER DREDGE AREA = 68.5ft²



STATION 9+00 - CUT D-D
DREDGE AREA=0.0ft²
ALLOWABLE OVER DREDGE AREA = 0.0ft²

SHEET 11

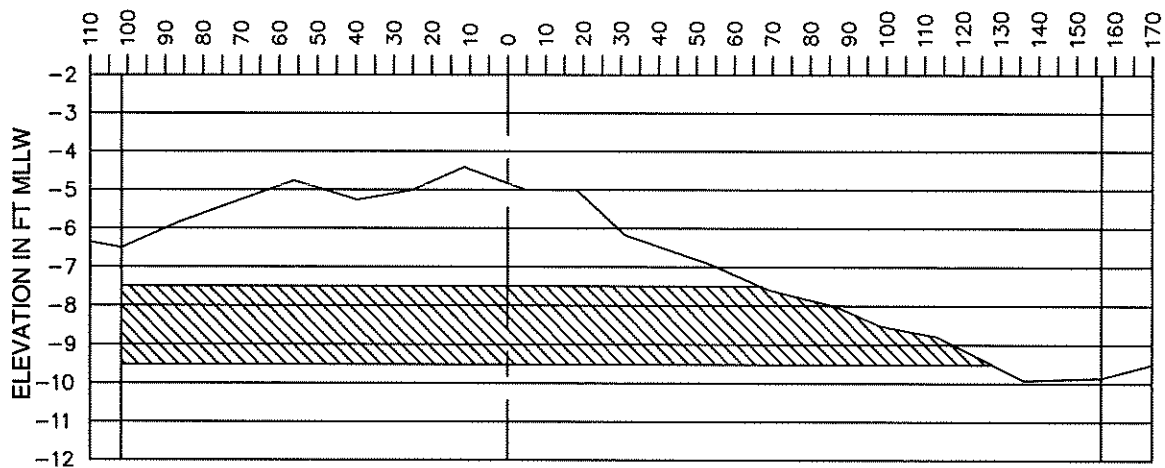
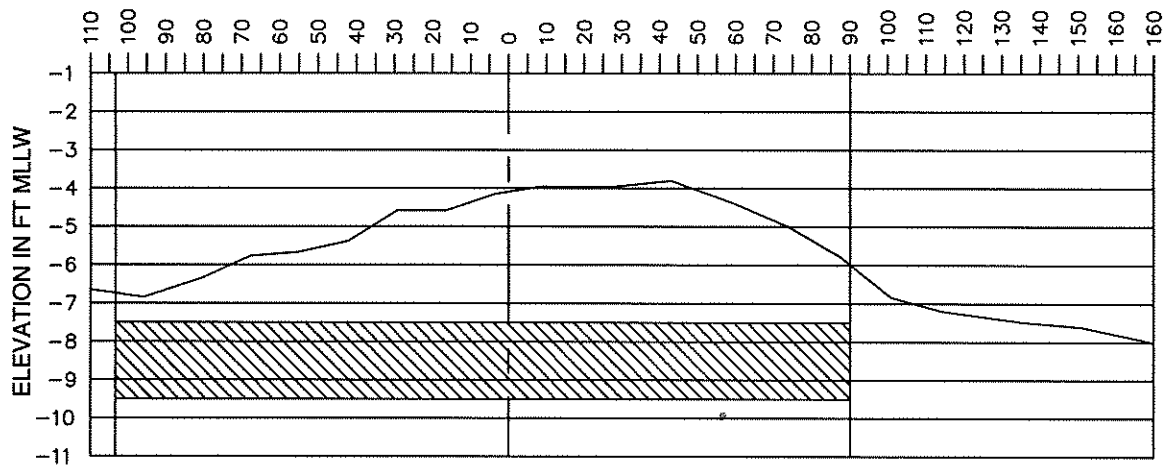
FLORIDA CERTIFICATE OF
AUTHORIZATION #27664

CLEARWATER PASS
DREDGE

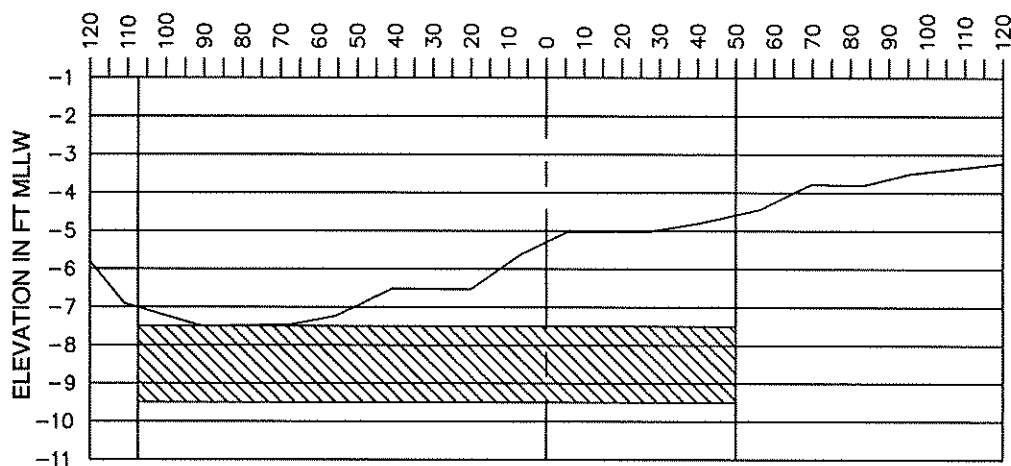
WOODS CONSULTING

1714 COUNTY ROAD 1, SUITE 22
DUNEDIN, FL 34698
PH. (727) 786-5747
FAX (727) 786-7479

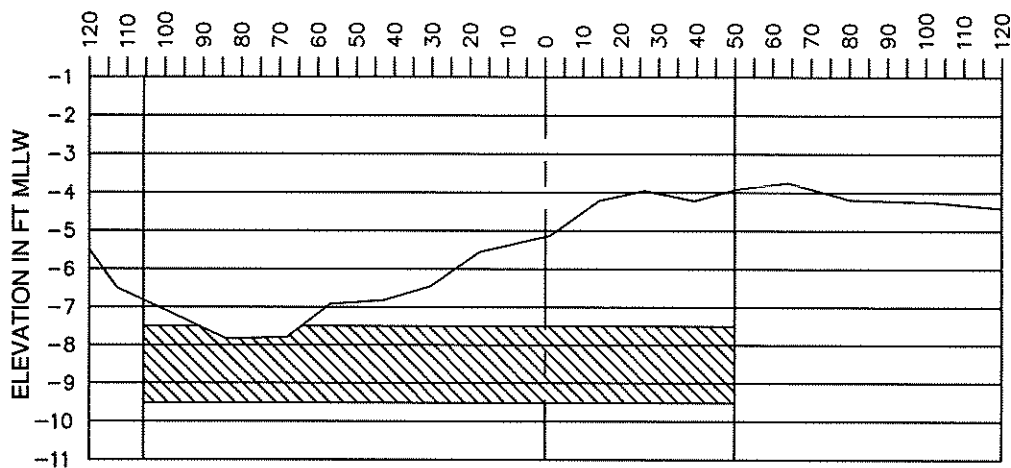
CROSS SECTIONS

FLORIDA CERTIFICATE OF
AUTHORIZATION #27664CLEARWATER PASS
DREDGEWOODS CONSULTING
1714 COUNTY ROAD 1, SUITE 22
DUNEDIN, FL 34698
PH. (727) 786-5747
FAX (727) 786-7479

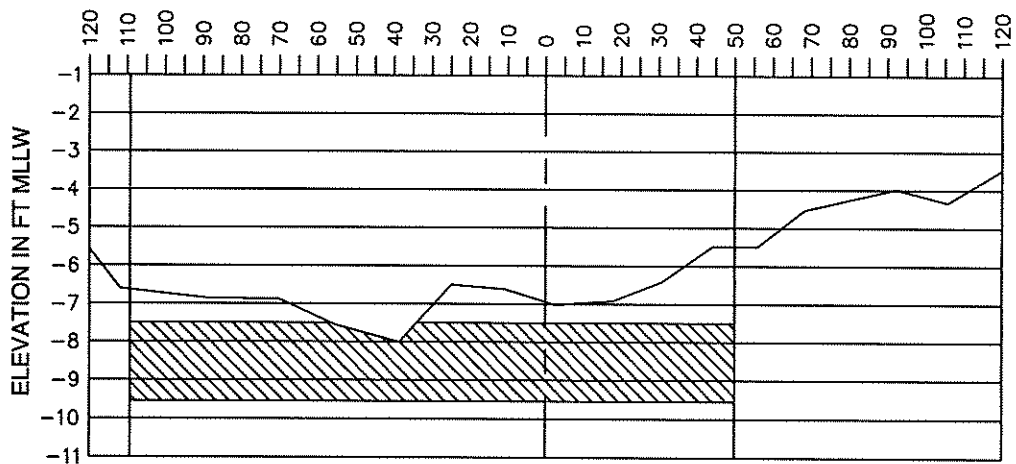
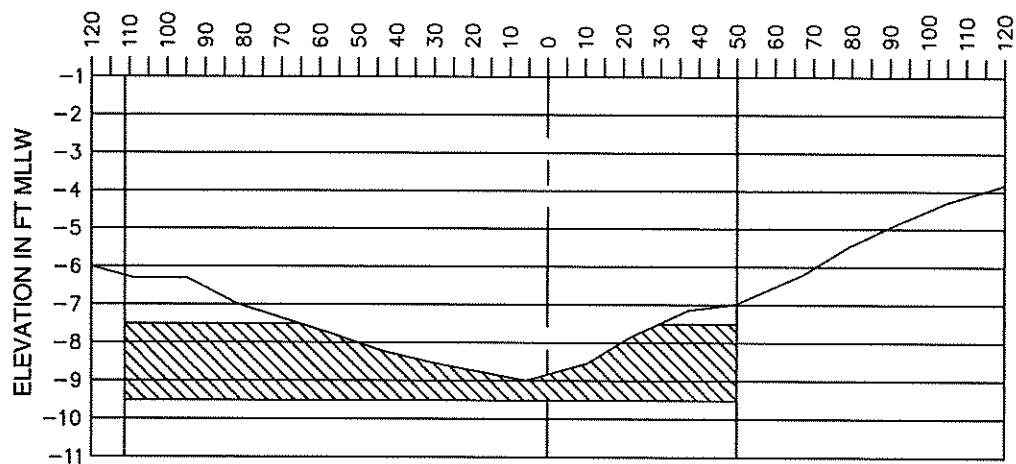
CROSS SECTIONS



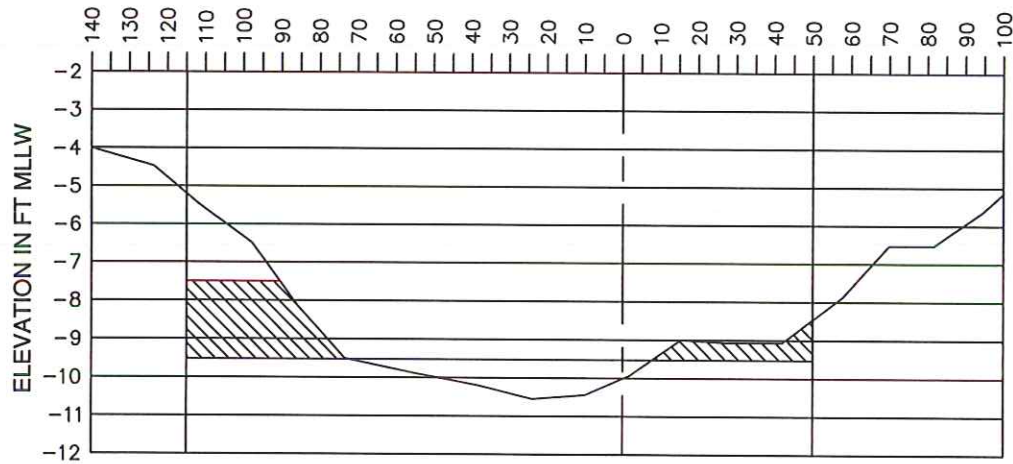
STATION 14+00 - CUT D-D
DREDGE AREA = 197ft²
ALLOWABLE OVER DREDGE AREA = 314.6ft²



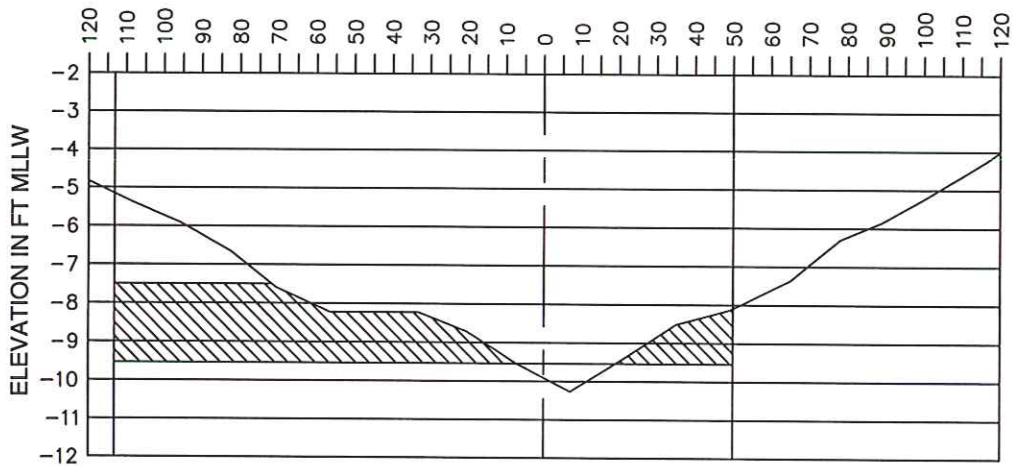
STATION 13+00 - CUT D-D
DREDGE AREA = 246.0ft²
ALLOWABLE OVER DREDGE AREA = 307.1ft²

FLORIDA CERTIFICATE OF
AUTHORIZATION #27664CLEARWATER PASS
DREDGEWOODS CONSULTING
1714 COUNTY ROAD 1, SUITE 22
DUNEDIN, FL 34698
PH. (727) 786-5747
FAX (727) 786-7479

CROSS SECTIONS



STATION 18+00 - CUT D-D
DREDGE AREA = 32.0ft²
ALLOWABLE OVER DREDGE AREA = 87.1ft²



STATION 17+00 - CUT D-D
DREDGE AREA = 54.6ft²
ALLOWABLE OVER DREDGE AREA = 186.5ft²

SHEET 15

FLORIDA CERTIFICATE OF
AUTHORIZATION #27664

CLEARWATER PASS
DREDGE

WOODS CONSULTING
1714 COUNTY ROAD 1, SUITE 22
DUNEDIN, FL 34698
PH. (727) 786-5747
FAX (727) 786-7479

CROSS SECTIONS

SCALE: AS NOTED

MAINTENANCE DREDGE

Application # _____

(OFFICIAL USE ONLY)

DREDGE CALCULATIONS

CUT	STATION	DREDGE SQ FT	DISTANCE FT	DREDGE CU YDS	ALLOWABLE OVER-DREDGE SQ FT	DISTANCE FT	OVER - DREDGE CU YDS
E	0+00	7.1	100	26.3	49.2	100	182.22
E	1+00	0.0	100	0.0	0.0	100	0.00
D-D	9+00	0.0	100	0.0	0.0	100	0.00
D-D	10+00	0.0	100	0.0	68.5	100	253.70
D-D	11+00	330.2	100	1,223.0	409	100	1,514.81
D-D	12+00	491.0	100	1,818.5	387	100	1,433.33
D-D	13+00	246	100	911.1	307.1	100	1,137.41
D-D	14+00	197	100	729.6	314.6	100	1,165.19
D-D	15+00	111	100	411.1	320	100	1,185.19
D-D	16+00	42.8	100	158.5	244.4	100	905.19
D-D	17+00	54.6	100	202.2	186.5	100	690.74
D-D	18+00	32.0	100	118.5	87.1	100	322.59
TOTAL DREDGE				5,598.9			8,790.4
TOTAL OVER-DREDGE					SUM		14,389.26

SHEET 16

FLORIDA CERTIFICATE OF
AUTHORIZATION #27664CLEARWATER PASS
DREDGEDREDGE
CALCULATIONS

WOODS CONSULTING

1714 COUNTY ROAD 1, SUITE 22
DUNEDIN, FL 34698
PH. (727) 786-5747
FAX (727) 786-7479

Clerk, Water and Navigation, 5th Floor
315 Court Street
Clearwater, FL 33756

PINELLAS COUNTY WATER AND NAVIGATION

I. PROPERTY OWNER INFORMATION:

A. Applicant's Name: City of Clearwater

B. Mailing Address: PO Box 4748

City: Clearwater State: FL Zip: 33758-4748

C. Telephone No: 727-562-4750 E-mail Address: Michael.Quillen@myclearwater.com

II. AGENT INFORMATION:

A. Name: Terri Skapik, Woods Consulting

B. Address: 1714 County Road 1, Suite 22

City: Dunedin State: FL Zip: 34698

C. Telephone No: 727-786-5747 E-mail Address: terriskapik@woodsconsulting.org

III. SITE INFORMATION:

A. Construction Site Address: see attached location map and aerial in permit plans
City: Clearwater State: FL Zip: 33767

B. Parcel ID Number: _____ / _____ / _____ / _____ / _____ / _____

C. Incorporated: ☒ Unincorporated: ☐ Clearwater

D. Affected Water Body: Clearwater Harbor

E. Previous Permits: _____

F. Date applicant assumed property ownership: _____ month/year

G. Obstructions: (Dogs, Fences, etc.) none

H. Attach 8 ½" X 11" vicinity map showing specific project location.

I. All other information pursuant to Section 166-357, Pinellas County Code, as needed.

J. For projects requiring a public hearing, attach a copy of the complete legal description.

Application # _____
(OFFICIAL USE ONLY)

IV. PROJECT DESCRIPTION: (attach additional sheets if necessary)

A. Fill:

Purpose: _____

Type of material: _____
Dimensions: _____ Acres: _____
Cubic Yards: above jurisdictional line: _____
below jurisdictional line: _____
Method of Containment: _____

B. Dredge: New ☐ Maintenance ☒

Purpose: Maintenance dredge Federal Channel leading from Clearwater Beach Marina to
Clearwater Pass

Type of material: marine sediments
Dredge Method: hydraulic
Dimensions: approx. 1200 ft x 150 ft = 180,000 sf Acres: 4.1
Cubic Yards: above jurisdictional line: _____
below jurisdictional line: 14,400 cy
Method of Containment: turbidity curtains
Method and location of spoil disposition: material to be offloaded into sealed trucks and
transported to a final upland spoil destination.

V. CONTRACTOR INFORMATION:

I, _____ CONTRACTOR NOT SELECTED AT THIS TIME _____, a certified contractor,
state that the project has not commenced and that it will be constructed in compliance with all requirements and
standards set forth in the Pinellas County Code, and in accordance with the attached drawings which accurately
represent all the information required to be furnished. In the event that this project is not completed in
accordance with the permit or the information furnished is not correct, I agree to correct the deficiency,
and/or restore the site to its preconstruction condition.

Signed: _____ Cert No.: _____

Company Name: _____ Telephone No: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

VI. OWNER'S SIGNATURE:

I hereby apply for a permit to do the above work and state that the same will be done according to the map or plan
attached hereto and made a part hereof, and agree to abide by the criteria of the Pinellas County Code for such
construction and, if said construction is within the corporate limits of a municipality, to first secure approval from
said municipality. I further state that said construction will be maintained in a safe condition at all times, should
this application be approved, that I am the legal owner of the upland from which I herein propose to construct the
improvements, and that the above stated agent/contractor may act as my representative. I understand that I, not
Pinellas County, am responsible for the accuracy of the information provided as part of this application and that it
is my responsibility to obtain any necessary permits and approvals applicable for the proposed activities on either
private or sovereign owned submerged land.

Date

Legal Owner's Signature

Application # _____
(OFFICIAL USE ONLY)

DISCLOSURE FORM

In order to alleviate any potential conflict of interest with Pinellas County staff, it is required that the County be provided with a listing of PERSONS being party to a trust, corporation, or partnership, as well as anyone who may have beneficial interest in the application which would be affected by any decision rendered by the County (attach additional sheets if necessary).

A. PROPERTY OWNERS:

Name: <u>City of Clearwater</u>	Name: _____
Address: <u>PO Box 4748</u>	Address: _____
<u>Clearwater, FL 33758-4748</u>	_____
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____

B. REPRESENTATIVES:

Name: <u>Terri Skapik, Woods Consulting</u>	Name: _____
Address: <u>1714 County Road 1, Ste 22</u>	Address: _____
<u>Dunedin, FL 34698</u>	_____
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____

C. OTHER PERSONS HAVING OWNERSHIP INTEREST IN THE SUBJECT PROPERTY:

Interest is: contingent ☐ absolute ☒

Name: _____ specific interest held: _____

D. DOES A CONTRACT FOR SALE EXIST FOR THE SUBJECT PROPERTY? YES ☐ NO ☒

If so, the contract is: contingent ☐ absolute ☐

Name of parties to the contract: _____

E. DOES AN OPTION TO PURCHASE EXIST FOR THE SUBJECT PROPERTY? YES ☐ NO ☒

Name of parties to the option: _____

F. OWNER'S SIGNATURE:

I hereby certify that the information stated above is complete, accurate, and true to the best of my knowledge.

X _____ Date _____

**JOINT APPLICATION FOR
INDIVIDUAL AND CONCEPTUAL ENVIRONMENTAL
RESOURCE PERMIT/
AUTHORIZATION TO USE STATE-OWNED
SUBMERGED LANDS/
FEDERAL DREDGE AND FILL PERMIT**

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION/
WATER MANAGEMENT DISTRICTS/
U.S. ARMY CORPS OF ENGINEERS

Effective October 1, 2013



**US Army Corps
of Engineers®**

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 Handbook 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?

Does the project involve....	Section						
	A- General Information	B- Single Family Projects	C- Wetlands and other Surface Waters	D- Structures or Works in Surface Waters	E- Stormwater Management System	F- State-owned Submerged Lands	H- Mines
Fill in wetlands or waters for a single family residence?	X	X					
Docks, shoreline stabilization, seawalls associated with a single family residence?	X	X				X, if applicable	
Wetland impacts (other than associated with an individual residence)?	X		X				
Boating facilities, a marina, jetty, reef, or dredging?	X		X	X		X if applicable	
Any work on state owned submerged land?	X		X			X	
Construction of a stormwater management system?	X		X, if applicable		X		
Constructing a mitigation bank?	X		X		X, if applicable		X
Creating a mine?	X		X, if applicable				X

Note- if you are required to provide Section B, then you do not have to provide any other Sections, unless the activities are on state-owned submerged lands. In that case, Section F will also be required.

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: Seminole St. Boat Ramp Dredging

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.
- ☒ **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** stormwater management system.
- ☐ Construction of additional phases of a permitted work, activity and/ or stormwater management system.
Provide the existing DEP or WMD permit #, if known: _____

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 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 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 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: MAINTENANCE DREDGE EXEMPTION 40D-4.051(2)(a)
Please contact the Agency to determine which additional sections of the application are need.
See Attachment 1 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:

- E. For activities in, on, or over wetlands or other surface waters, check the type of federal dredge and fill permit requested (if known): ☐ Individual ☐ Programmatic General permit #: ☐ General ☒ Nationwide permit #: 35 ☐ Not Applicable ☐ Not sure

F. Project/Activity Street/Road Address or other location (if applicable):

City: Clearwater

County(ies): Pinellas

Zip: 33755

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.

G. 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.

Section(s): 17 Township: 29S Range: 15E Land Grant name, if applicable:

Section(s): Township: Range:

Section(s): Township: Range:

H. Latitude (DMS) 27 ° 57 ' 51.75 " Longitude (DMS) 82 ° 49 ' 7.28 " (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): GOOGLE EARTH

I. Tax Parcel Identification Number(s):

[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]

J. Directions to Site (from major roads; include distances and landmarks as applicable):

SEE ATTACHED LOCATION MAP IN PERMIT PLANS

K. Project area or phase area: 4.1 acres

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

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

- M. Is it part of a larger plan of development or sale? ☐ yes ☒ no
- N. Impervious or semi-impervious area excluding wetlands and other surface waters (if applicable):
acres or square feet
- O. Volume of water the system is capable of impounding (if applicable): acre-feet.

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)** or other discussions 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

- 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 Attachment 3 to determine the appropriate fee.

PART 3: APPLICANT AND ASSOCIATED PARTIES INFORMATION

Instructions: 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 sufficient real property interest over the land upon which the activities subject to the application will be conducted, including mitigation (if applicable). Refer to Section 4.2.3 (d) for acceptable ownership or real property interest documentation. 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: Quillen		First: Michael Middle:	
Title:		Company: City of Clearwater	
Address: PO Box 4748			
City: CLEARWATER		State: FL Zip: 33758-4748	
Home Telephone:		Work Telephone: 727-562-4750	
Cell Phone:		Fax:	
E-mail Address: Michael.Quillen@myclearwater.com			
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:		First: Middle:	
Title:		Company:	
Address:			
City:		State: Zip:	
Home Telephone:		Work Telephone:	
Cell Phone:		Fax:	
E-mail Address:			
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: First: Middle:	
Title:		Company:	
Address:			
City:		State: Zip:	
Home Telephone:		Work Telephone:	
Cell Phone:		Fax:	
E-mail Address:			
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:	Fax:	
E-mail Address:		
Correspondence will be sent via email. Check here to receive correspondence via US Mail: <input type="checkbox"/>		
E. ENGINEERING 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:	Fax:	
E-mail Address:		
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:	First:	Middle:
Title:	Company:	
Address:		
City:	State:	Zip:
Home Telephone:	Work Telephone:	
Cell Phone:	Fax:	
E-mail Address:		
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 checked="" type="checkbox"/> THIS IS A CONTACT PERSON FOR ADDITIONAL INFORMATION		
Name: Last: Skapik	First: Terri	Middle:
Title: President	Company: Woods Consulting	
Address: 1714 County Road 1, Suite 22		
City: Dunedin	State: FL	Zip: 34698
Home Telephone:	Work Telephone: 727-786-5747	
Cell Phone:	Fax:	
E-mail Address: terriskapik@woodsconsulting.org		
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.

PART 4: SIGNATURES AND AUTHORIZATION TO ACCESS PROPERTY

Instructions: For multiple applicants please provide a separate Part 4 for each applicant. For corporations, the application must be signed by a person authorized to bind the corporation. A person who has sufficient real property interest (see Section 4.2.3 (d) of Applicant's Handbook Volume I) is required in (B) to authorize access to the property, except when the applicant has the power of eminent domain.

A. By signing this application form, I am applying 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 of any obligation for obtaining any other required federal, state, water management district or local permit prior to commencement of construction. I agree to operate and maintain the permitted system unless the permitting agency authorizes transfer of the permit to a different responsible operation and maintenance 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.

TERRI SKAPIK



3-13-15

Typed/Printed Name of Applicant or
Applicant's Authorized Agent

Signature of Applicant or Applicant's
Authorized Agent

Date

PRESIDENT, WOODS CONSULTING

(Corporate Title if applicable)

B. CERTIFICATION OF SUFFICIENT REAL PROPERTY INTEREST AND AUTHORIZATION FOR STAFF TO ACCESS THE PROPERTY:

I certify that:

☒ I possess sufficient real property interest in or control, as defined in Section 4.2.3 (d) of Applicant's Handbook Volume I, over the land upon which the activities described in this application are proposed and I have legal authority to grant permission to access those lands. I hereby grant permission, evidenced by my signature below, for staff of the Agency and the U.S. Army Corps of Engineers to access, inspect, and sample the lands and waters of the property as necessary for the review of the proposed works and other activities 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, inspection, and/or sampling. Further, I agree to provide entry to the project site for such agents or personnel to monitor and inspect permitted work if a permit is granted.

OR

☐ I represent an entity having **the power of eminent domain and condemnation authority**, and I/we shall make appropriate arrangements to enable staff of the Agency and the U.S. Army Corps of Engineers to access, inspect, and sample the property as described above.

MICHAEL QUILLEN

Typed/Printed Name

Signature

Date

(Corporate Title if applicable)

C. DESIGNATION OF AUTHORIZED AGENT (IF APPLICABLE):

I hereby designate and authorize _____ 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 requirements 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.

MICHAEL QUILLEN

Typed/Printed Name of Applicant

Signature of Applicant

Date

(Corporate Title if applicable)