

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

Bartow Regulation Dept.
170 Century Boulevard
Bartow, FL 33830-7700
(863) 534-1448
1-800-492-7862 (FL only)

Brooksville Regulation Dept.
2379 Broad Street
Brooksville, FL 34604-6899
(352) 796-7211
1-800-423-1476 (FL only)

Sarasota Regulation Dept.
6750 Fruitville Road
Sarasota, FL 34240-9711
(941) 377-3722
1-800-320-3503 (FL only)

Tampa Regulation Dept.
7601 Highway 301 North
Tampa, FL 33637-6759
(813) 985-7481
1-800-836-0797 (FL only)

**APPLICANT TRANSMITTAL FORM
FOR SUBMITTAL OF ADDITIONAL INFORMATION**

Submit an original plus two copies of this form and of all documents, drawings, cross sections, maps or other material submitted with this form to the District Regulation Department reviewing the application. Submittals made through the District's e-permitting system at www.watermatters.org do not require additional copies and will automatically be routed to the appropriate District Regulation Department.

A. Application No. _____ Type of Application (check one): ERP WUP
 Other: _____

Applicant Name: _____

Project Name: _____

District Permit Reviewer(s): _____

Resource Regulation Department: Bartow Brooksville Sarasota Tampa

B. Type of Submittal (check one): Response to RAI dated ____/____/_____
 Response to Clarification Request dated ____/____/_____
 Self-submitted (Not in response to a District request for information)

C. Information or Documents Included in this Submittal:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

D. Does the accompanying submittal complete your response to the District's request(s) for information concerning this application?

- Yes. Please resume review of my application.
- No. I have additional information to submit before my response is complete.

Note: If "Yes" is checked, a subsequent submittal of information in support of this application may result in the application being deemed amended and the time clocks for agency review starting anew. If "No" is checked or neither block is checked, staff may await completion of the allowable 90-day time period for applicants to submit additional information before proceeding to process the application.

Applicant/Agent Signature: _____

Applicant/Agent Name: _____ Date of Submittal: ____/____/_____