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

If this transmittal is regarding an ERP application, 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. If this transmittal is regarding a WUP application, submit an original of this form and one copy of all other documents 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.

Α.	Application No	Type of Application (check one): ERP UVP
	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 Includ	
	2	7
	3	
	4	
	5	10
D	concerning this application? U Yes. Please resume review of	
	No. I have additional information to submit before my response is complete.	
٨	deemed amended and the time clock	ubmittal of information in support of this application may result in the application being s for agency review starting anew. If "No" is checked or neither block is checked, staff may day time period for applicants to submit additional information before proceeding to
A	pplicant/Agent Signature:	
A	pplicant/Agent Name:	Date of Submittal://
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