

CITY OF APALACHICOLA
PLANNING & ZONING BOARD
REGULAR MEETING
MONDAY, APRIL 8th, 2019
Community Center/City Hall – 1 Bay Avenue
AGENDA

Workshop – 5:00 P.M.

- 1) Proposed GOPS for Coastal Management Element
- 2) Zoning Code amendment to allow First Floor Transient Lodging in “Transition Zone”

Regular Meeting – 6:00 P.M.

- 1) Approval of March 11th, 2019 Regular Meeting Minutes.
- 2) Review, Discussion and Decision for Wood Picket & Privacy Fence (**Historic District**)(R-1) @ 131 Bay Avenue, Block 45, Lot(s) 10, For – Bill Carrington, Contractor – Gary Ulrich Construction.
- 3) Review, Discussion and Decision for 20x10 attached storage building (**Historic District**)(C-2) @ 142 12th Street, Block 81, Lot(s) 1, For – Lloyd & Tronda Davis, Contractor – Tool Time Buildings
- 4) 2nd Review, Discussion and Decision for Addition & Renovation (OR) @ 135 Avenue G, Block 79, Lot(s) 1-5 & Block(s) 80, Lot(s) 9&10, For – Weems Memorial Hospital, Contractor – Culpepper Construction

- If you do not see your item listed on the Agenda and have not received a response letter from the Building Department, please contact Cortni Bankston for more information.

In our continuing effort to keep the citizens of Apalachicola informed, this agenda is posted on our website at www.cityofapalachicola.com prior to the scheduled meeting for public review. Additional information such as the City's Land Development Code and zoning related maps, along with other development information is also available on the site for your convenience. Please direct any questions concerning items on this agenda or the Apalachicola Building Department to Cortni Bankston, (850)653-1522, cortnibankston@cityofapalachicola.com.



CITY OF APALACHICOLA
PLANNING & ZONING BOARD
REGULAR MEETING
MONDAY, MARCH 11TH, 2019
Community Center/City Hall – 1 Bay Avenue
AGENDA MINUTES

Workshop – 5:00 P.M

Workshop Attendance:

**Chairperson – Tom Daly, Jim Bachrach, Geoff Hewell, Uta Hardy, Joe Taylor, City Planner
- Cindy Clark**

Proposed Comp Plan GOPS addressing Coastal Vulnerability - **Discussion held**

Regular Meeting – 6:00 P.M.

Attendance:

**Chairperson – Tom Daly, Jim Bachrach, Geoff Hewell, Uta Hardy, Joe Taylor, City Planner
– Cindy Clark, Permitting & Development Coordinator – Cortni Bankston**

- 1) Approval of February 11th, 2019 Regular Meeting Minutes. **Motion to approve: Jim Bachrach, 2nd:
Geoff Hewell. Motion Carried.**

- 2) Review, Discussion and Decision for Renovation, Demolition, & Construction (**Historic
District)(R-1) @ 173 Avenue B, Block 56, Lot(s) 1 thru 3, For – Deidre Sheer Gross, Contractor –
Ulrich Construction. Motion to approve: Jim Bachrach, 2nd: Geoff Hewell. Vote 4 to 1 Opposed:
Uta Hardy. Motion Carried.**

Motion to Adjourn: Jim Bachrach, 2nd: Geoff Hewell. Motion Carried

Chairperson



Cortni's Agenda Breakdown Notes

Note to Applicants:

A completed application for any proposed development must be filed no later than 30 days prior to any meeting of the Board at which such application is to be heard. The Staff of the City evaluating the application, or the Board may require additional information necessary to determine whether the application complies with the provisions of the City's Land Development Regulations. The request for additional information shall extend the 30 day deadline until the application is complete. So please make sure you are completing your applications with all the correct information and turning in all needed paperwork. No exceptions

To reiterate the rule passed at January 2018 Planning and Zoning Board meeting, you or a representative must be present at the scheduled meeting or your agenda item will not be discussed.

If your certificate of appropriateness and/or plans are approved by Planning and Zoning Board, please allow at least 3 business days for your Building Permit application to be processed and any additional documentation (if needed) to be reviewed, processed, and Building Permit issued.





CITY OF APALACHICOLA

1 Avenue E • Apalachicola, Florida 32320 • 850-653-9319 • Fax 850-653-2205
www.cityofapalachicola.com

Mayor
Van W. Johnson, Sr.

Permit Application Review/C. Clark
March 28, 2019

Commissioners
Brenda Ash
John M. Bartley, Sr.
James L. Elliott
Anita Grove

Project: Carrington
Address: 131 Bay Avenue
Overview: Fence

City Manager
Ron Nalley

Zoning: R-1 - Consistent

Lot Size: 1 lot. Consistent

City Administrator
Lee H. Mathes, MMC

Flood Zone: Not documented. .2 percent - not in flood zone. pls document on application

Setbacks: Incomplete - the site plan provided does not include lot/setback dimensions.

City Clerk
Deborah Guillotte, CMC

Height: Not applicable.

Resolved

City Attorney
J. Patrick Floyd

Lot Coverage: Not applicable.

**CITY OF APALACHICOLA
CERTIFICATE OF APPROPRIATENESS APPLICATION**

-HISTORIC DISTRICT-

Official Use Only

Application # _____
City Representative _____
Date Received 3/19/2019

OWNER INFORMATION

Owner Bill Carrington
Address 131 Bay Ave.
City Apalachicola State FL Zip 32320
Phone (____) _____

CONTRACTOR INFORMATION

Gary Ulrich Construction
State License # CR1328499
City License # 14-061 County License # _____
Email Address garyu@ulrichcc.com
Phone (850) 566-2078

Approval Type: [] Staff Approval Date: _____ [] Board Approval [] Board Denial Date _____

*Reason for Denial _____

PROJECT TYPE

- New Construction
- Addition
- Alteration/Renovation
- Relocation
- Demolition

- Fence
- Repair (Extensive)
- Variance
- Other: _____

PROPERTY INFORMATION:

Street Address: 131 Bay Avenue City & State Apalachicola Zip 32320
[x] Historic District [] Non-Historic District Zoning District R-1
Parcel #: D1-098-08N-8330-0045-0100 Block(s) 45 Lot(s) 10
FEMA Flood Zone/Panel #: .2%
(For AE, AO, AH or VE Please complete attached Flood Application)

OFFICIAL USE ONLY

Setback requirement of Property:

Front: 15 Rear: 5 Side: 15 Lot Coverage: _____

Water Available: _____ Sewer Available: _____ Taps Paid _____

This development request has been approved for zoning, land use, and development review by the City of Apalachicola and a building permit is authorized to be issued.

Certificate of Appropriateness Approval:

Chairperson, Apalachicola Planning & Zoning Board

NOTE: This is a conceptual approval through the City based on our Land Development Code (LDC). Please be aware that other documentation may be required by the Building Official contracted to handle the City of Apalachicola Building Permits, EPCI.

Cortni Bankston
Permitting and Development Coordinator
(850) 653-1522 (ext 205) Phone
(850)653-5023 Cell
cortnibankston@cityofapalachicola.com

Describe The Proposed Project and Materials. Describe the proposed project in terms of size, affected architectural elements, materials, and relationship to the existing structure(s).

P.T. WOOD PICKET 2" PRIVACY

Project Scope	Manufacturer	Product Description	FL Product Approval #
Siding			
Doors			
Windows			
Roofing			
Trim			
Foundation			
Shutters			
Porch/Deck			
Fencing	SITE BUILT	30" TALL PICKET	
		72" TALL PRIVACY	
Driveways/Sidewalks			
Other			

CERTIFICATION

By Signing below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures and have read and understand the following:

1. I/We hereby attest to the fact that the above supplied property address(es), parcel number(s), and legal description(s) is(are) the true and proper identification of the area of this petition.
2. I/We authorize staff from the City of Apalachicola and the Permitting and Community and Economic Development Office to enter onto the property in question during regular city business hours in order to take photos which will be placed in the permanent file.
3. I/We understand that the COA review time period will not commence until the application is deemed complete by staff and may take up to 10 days to process. I further understand that an incomplete application submittal may cause my application to be deferred to the next posted deadline date.
4. I/We understand that, for Board review cases, an agenda and staff report (if applicable) will be available on the City's website approximately one week before the schedule Planning and Zoning Board Meeting.
5. I/We understand that the approval of this application by the Planning and Zoning Board or staff in no way constitutes approval of a Building Permit for construction from the City of Apalachicola Community and Economic Development Office.
6. I/We understand that all changes to the approved scope of work stated in a COA have to be approved by the PZB before work commences on those changes. There will be no charge for the revision to a COA. Making changes that have not been approved can result in a Stop Work Order being placed on the entire project and additional fees/penalties.
7. I/We understand that any decision of the PZB may be appealed to the City Commission. Petitions to appeal shall be presented within thirty (30) days after the decision of the PZB; otherwise the decision of the PZB will be final.
8. I/We understand that a Certificate of Appropriateness is only valid for **one year** from issuance. They are renewable for six months without cause, and for an additional six months, upon showing of good cause by the applicant. The applicant must submit all requests for extensions in writing and provide appropriate support documentation, if needed.
9. I/We understand that the COA is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet standards of all laws regulating construction in this jurisdiction.
10. I/We understand that separate permits are required for **Electrical, Plumbing, Mechanical, and Roofing Work**.
11. I/We understand that there will be no issuance of a COA without the property owner obtaining Homeowner's Association approval (if required) prior to the PZB Meeting and/or before the beginning of any work and in no way authorizes work that is in violation of any association rule or regulation.

3-20-19
DATE


SIGNATURE OF APPLICANT

EPCI
APALACHICOLA BUILDING DEPARTMENT

APPLICATION FOR BUILDING PERMIT

Official Use Only

DATE: _____ Permit # _____ Permit Fee _____

OWNER'S NAME: Bill CARINGTON

ADDRESS: 131 BAY AVE.

CITY, STATE & ZIP CODE: _____ PHONE # _____

FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ PHONE # _____

CONTRACTOR'S NAME: GUY ULRIKH

ADDRESS: 58 AVE. E.

CITY, STATE & ZIP CODE: _____ PHONE # 850-566-2078

STATE LICENSE NUMBER: CRC 1328499 COMPETENCY CARD # 14-061

ADDRESS OF PROJECT: 131 BAY AVE.

PROPOSED USE OF SITE: SINGLE FAMILY

WILL THE STRUCTURE BE LOCATED AT LEAST 30 FEET FROM ANY BODY OF WATER? YES
 NO

PROPERTY PARCEL ID # 01-09S-08W-8330-0045-0100

LEGAL DESCRIPTION OF PROPERTY: Block 45, lot 10

IF THE APPLICATION IS FOR A COMMERCIAL PROJECT PLEASE LIST THE NAME OF THE BUSINESS:

BONDING COMPANY: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

ARCHITECT'S/ENGINEER'S NAME: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

MORTGAGE LENDER'S NAME: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

WATER SYSTEM PROVIDER: _____ SEWER SYSTEM PROVIDER: _____

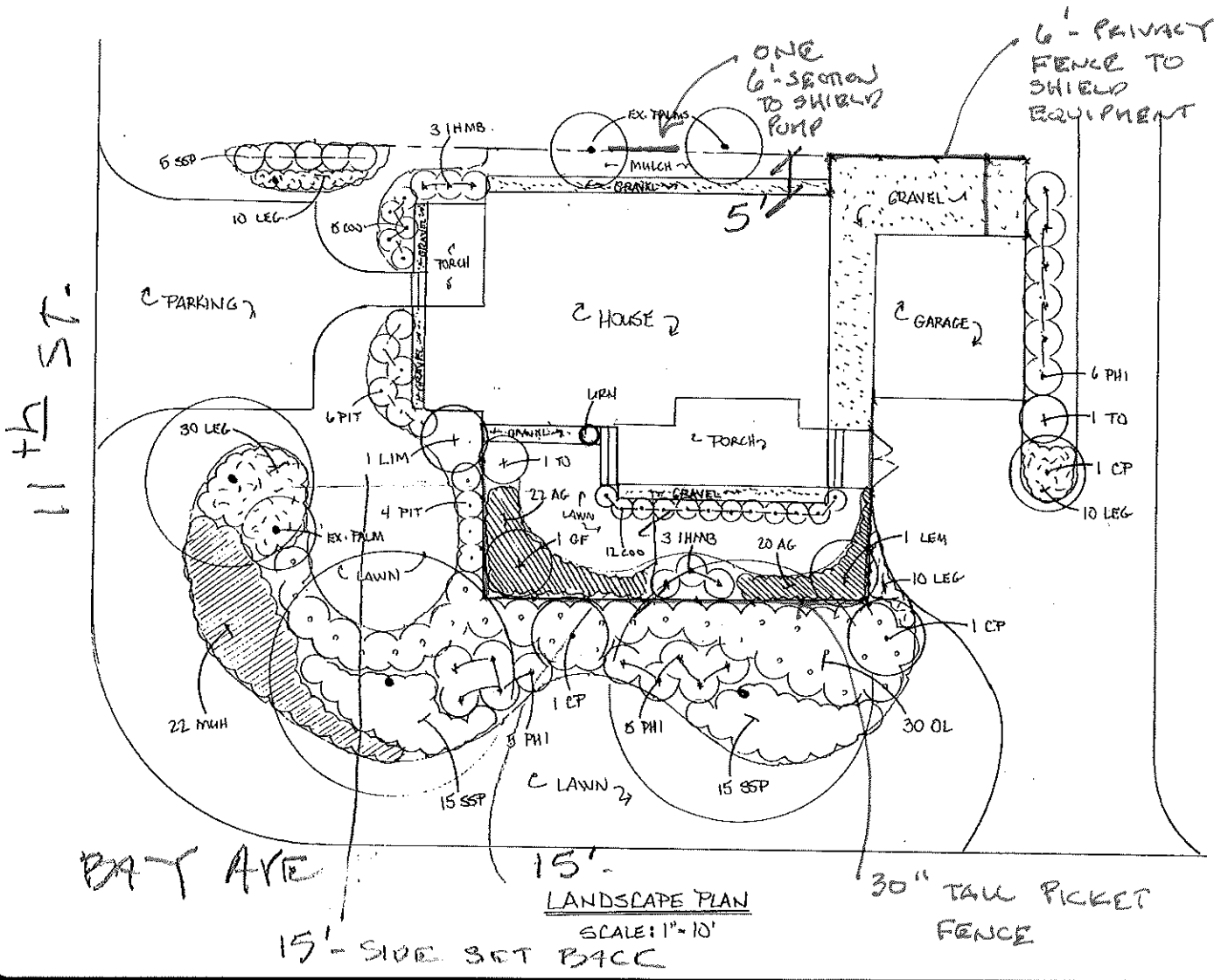
PRIVATE WATER WELL: _____ SEPTIC TANK PERMIT NUMBER: _____


LANDSCAPE FENCE

PLANT KEY

ABBR	PLANT NAME	QTY	SIZE	SPACING
AG	Agapanthus Lily	42	1 gal	2' o.c.
COO	Coontie Palm	17	3 gal	3' o.c.
CP	Cabbage Palm	3	10'-12' c.t.	as shown
GF	Grapefruit, Ruby Red	1	30 gal	as shown
IHMB	Indian Hawthorn 'Majestic Beauty'	6	7 gal	4' o.c.
LEG	Liriope 'Emerald Goddess'	60	1 gal	2' o.c.
LEM	Lemon, Meyer	1	30 gal	as shown
LIM	Lime, Persian	1	3 gal	as shown
MUH	Muhly Grass	22	3 gal	4' o.c.
OL	Oleander	30	3 gal	5' o.c.
PHI	Philodendron selloum	16	7 gal	5' o.c.
PIT	Pittosporum 'Compacta'	10	3 gal	4' o.c.
SSP	Silver Saw Palmetto	35	7 gal	4' o.c.
TO	Tea Olive	2	15 gal	as shown

5' - SETBACK BUILDING FENCE IS 4'-6" FROM BUILDING




 Designer: FAD
 Date: 2-13-19
 Scale: 1" = 10'
 Job Number: 01224-1657-1
 North

Tallahassee Nurseries 
 2911 Thomasville Road, Tallahassee, FL 32308 (850) 385-8190

BILL + CINDY CARRINGTON
 131 BAY AVENUE
 APALACHICOLA, FL. 32320


 BILL + CINDY CARRINGTON
 We Know What Grows
 Landscape Designer



CITY OF APALACHICOLA

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www.cityofapalachicola.com



Mayor
Van W. Johnson, Sr.

Permit Application Review/C. Clark
March 28, 2019

Commissioners
Brenda Ash
John M. Bartley, Sr.
James L. Elliott
Anita Grove

Project: Teresa Weiler
Address: 185 9th Street
Overview: 20x10 addition

Zoning: C-2 - Consistent

City Manager
Ron Nalley

Lot Size: 1 lot. Consistent

Flood Zone: x. Consistent

City Administrator
Lee H. Mathes, MMC

Setbacks: 6.67 on side closest to property line. Consistent.

City Clerk
Deborah Guillotte, CMC

Height: Not documented. ^{resolved} Application indicates consistent with original roof line but that figure is not represented.

Lot coverage 18.3%

City Attorney
J. Patrick Floyd

Lot Coverage: Incomplete - probable compliant but application needs lot coverage calculation.

CITY OF APALACHICOLA
 CERTIFICATE OF APPROPRIATENESS APPLICATION

-HISTORIC DISTRICT-

Official Use Only

Application # _____
 City Representative _____
 Date Received _____

OWNER INFORMATION

CONTRACTOR INFORMATION

Owner Teresa Weiler
 Address 185 9th Street
 City Apalachicola State FL Zip 32320
 Phone (850) 370-6148

State License # Self
 City License # _____ County License # _____
 Email Address _____
 Phone (_____) _____

Approval Type: [] Staff Approval Date: _____ [] Board Approval [] Board Denial Date _____

*Reason for Denial _____

PROJECT TYPE

- New Construction
- Addition
- Alteration/Renovation
- Relocation
- Demolition

- Fence
- Repair (Extensive)
- Variance
- Other: 20x10 addition

PROPERTY INFORMATION:

Street Address: 185 9th Street City & State Apalachicola, FL Zip 32320
 Historic District [] Non-Historic District Zoning District C-2
 Parcel #: 01-095-08w-8330-0167-0090 Block(s) 167 Lot(s) 9
 FEMA Flood Zone/Panel #: 126089 0526F
 (For AE, AO, AH or VE Please complete attached Flood Application)

OFFICIAL USE ONLY

Setback requirement of Property:

Front: _____ Rear: _____ Side: 7' Lot Coverage: _____
 Water Available: _____ Sewer Available: _____ Taps Paid _____

This development request has been approved for zoning, land use, and development review by the City of Apalachicola and a building permit is authorized to be issued.

Certificate of Appropriateness Approval:

 Chairperson, Apalachicola Planning & Zoning Board

NOTE: This is a conceptual approval through the City based on our Land Development Code (LDC). Please be aware that other documentation may be required by the Building Official contracted to handle the City of Apalachicola Building Permits, EPCI.

Cortni Bankston
 Permitting and Development Coordinator
 (850) 653-1522 (ext 205) Phone
 (850) 653-5023 Cell
cornibankston@cityofapalachicola.com

CERTIFICATION

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1. I/We hereby attest to the fact that the above supplied property address(es), parcel number(s), and legal description(s) is(are) the true and proper identification of the area of this petition.
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11. I/We understand that there will be no issuance of a COA without the property owner obtaining Homeowner's Association approval (if required) prior to the PZB Meeting and/or before the beginning of any work and in no way authorizes work that is in violation of any association rule or regulation.

DATE

3/20/19

SIGNATURE OF APPLICANT

Jessie Weiler

EPCI
APALACHICOLA BUILDING DEPARTMENT

APPLICATION FOR BUILDING PERMIT

Official Use Only

DATE: _____ Permit # _____ Permit Fee _____

OWNER'S NAME: Teresa Weiler

ADDRESS: 185 9th Street

CITY, STATE & ZIP CODE: Apalachicola FL 32320 PHONE # 850-370-6148

FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ PHONE # _____

CONTRACTOR'S NAME: Self

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ PHONE # _____

STATE LICENSE NUMBER: _____ COMPETENCY CARD # _____

ADDRESS OF PROJECT: 185 9th Street Apalachicola, FL 32320

PROPOSED USE OF SITE: residential

WILL THE STRUCTURE BE LOCATED AT LEAST 30 FEET FROM ANY BODY OF WATER? YES
 NO

PROPERTY PARCEL ID # 01-09S-08W-8330-0167-0090

LEGAL DESCRIPTION OF PROPERTY: Blk 167 Lot 9

IF THE APPLICATION IS FOR A COMMERCIAL PROJECT PLEASE LIST THE NAME OF THE BUSINESS:

BONDING COMPANY: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

ARCHITECT'S/ENGINEER'S NAME: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

MORTGAGE LENDER'S NAME: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

WATER SYSTEM PROVIDER: _____ SEWER SYSTEM PROVIDER: _____

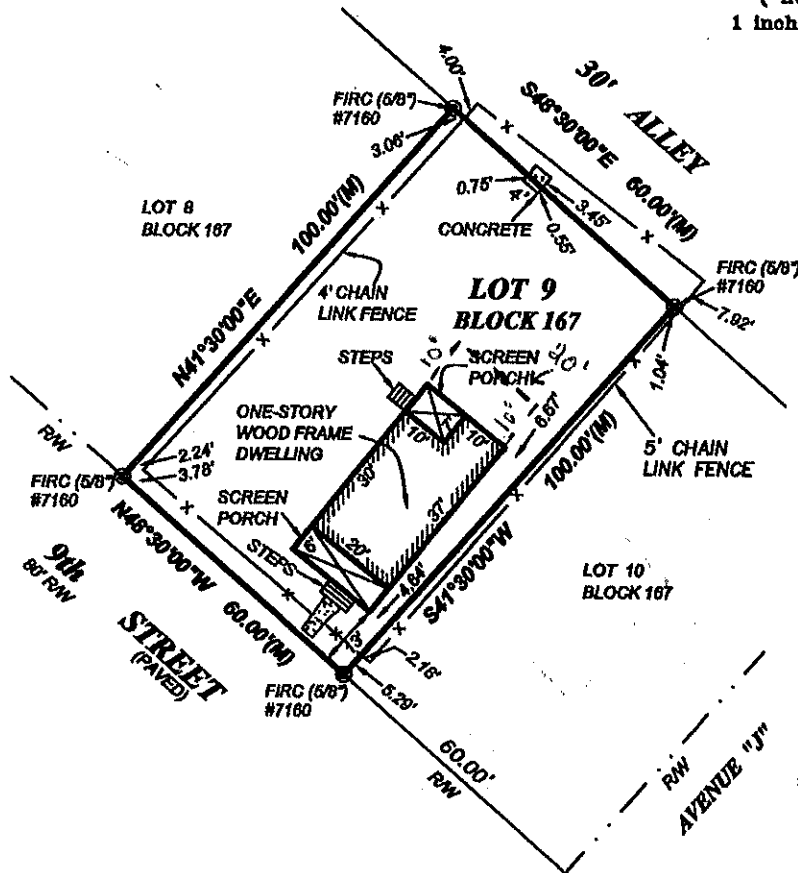
PRIVATE WATER WELL: _____ SEPTIC TANK PERMIT NUMBER: _____

**PLAT OF BOUNDARY SURVEY CERTIFIED TO:
BARBARA McNAIR AND WILLIE McNAIR,
DODD TITLE COMPANY, INC.,
FIRST AMERICAN TITLE INSURANCE COMPANY**

GRAPHIC SCALE



(IN FEET)
1 inch = 40 ft.



LEGAL DESCRIPTION:
Lot 9, Block "167" of the CITY OF APALACHICOLA,
as per map or plat thereof in common use on file at the
Clerk of the Circuit Office in Franklin County, Florida.

LEGEND

- FCM FOUND CONCRETE MONUMENT
- RW RIGHT-OF-WAY
- M MEASURED
- NOT TO SCALE
- POINT NOT SET OR FOUND
- SIRC SET (5/8") IRON ROD AND CAP #7160
- FIRC FOUND (5/8") IRON ROD AND CAP
- RP RECORD PLAT
- FND FOUND
- RND ROUND
- CM CONCRETE MONUMENT

NOTES:

1. SURVEY SOURCE: Record plat and a field survey performed by the undersigned surveyor.
2. BEARING REFERENCE: Easterly boundary of subject parcel being South 27 degrees 56 minutes 30 seconds East as per record plat.
3. NO IMPROVEMENTS have been located in this survey other than shown hereon.
4. There are NO VISIBLE ENCROACHMENTS other than those shown hereon.
5. This survey is dependent upon EXISTING MONUMENTATION.
6. Not valid without the signature and the original raised seal of a Florida licensed surveyor and mapper.

I hereby certify that this was performed under my responsible direction and supervision and the plat and description are true and accurate to the best of my knowledge and belief. The survey meets or exceeds the standards for practice for land surveying as established by the Florida Board of Professional Surveyors and Mappers (F.A.C. 5J-17.051/.052).

The undersigned surveyor has not been provided a current title opinion or abstract of matters affecting title or boundary to the subject property. It is possible there are deeds of records, unrecorded deeds, easements or other instruments which could affect the boundaries.

FLOOD ZONE INFORMATION:

Subject property is located in Zone "X" as per Flood Insurance Rate Map Community Panel No: 120089 0526F Index date: February 5, 2014, Franklin County, Florida.

JAMES T. RODDENBERRY
Surveyor and Mapper
Florida Certificate No: 4261

TR & A	Tharman Roddenberry & Associates, Inc.		
	PROFESSIONAL SURVEYORS AND MAPPERS P.O. BOX 190 • 111 SHELDON STREET • SOPCHOPPY, FLORIDA 32358 PHONE: (904) 624-2528 FAX: (904) 624-2181 L.S. 8710		
DATE: 01/24/17	DRAWN BY: LMD	PLAT NO:	COUNTY: Franklin
FILE: 02043.DWG	DATE OF LAST FIELD WORK: 01/23/17	JOB NUMBER: 02-043	

April 24th





CITY OF APALACHICOLA

1 Avenue E • Apalachicola, Florida 32320 • 850-653-9319 • Fax 850-653-2205
www.cityofapalachicola.com

Mayor
Van W. Johnson, Sr.

Permit Application Review/C. Clark
March 28, 2019

Commissioners
Brenda Ash
John M. Bartley, Sr.
James L. Elliott
Anita Grove

Project: Weems
Address: 135 Avenue G
Overview: Hospital Renovation

City Manager
Ron Nalley

Zoning: OR - Consistent

Lot Size: Block 79, Lots 1-5, 9-10 of Block 80.

Flood Zone: X - consistent

City Administrator
Lee H. Mathes, MMC

Setbacks/Lot coverage: Consistent as per 2017 BOA Variance and Site plan approval.

City Clerk
Deborah Guillotte, CMC

Note: Applicant received all required approvals in 2017 but did not actually pull a building permit. Applicant is proposing to renew approval for same plan determined consistent in 2017. No objection.

City Attorney
J. Patrick Floyd

EPCI
APALACHICOLA BUILDING DEPARTMENT

APPLICATION FOR BUILDING PERMIT

Official Use Only

DATE: _____ Permit # _____ Permit Fee _____

OWNER'S NAME: George E Weems Memorial Hospital

ADDRESS: 135 Ave. G

CITY, STATE & ZIP CODE: Apalachicola, FL 32320 PHONE # 850-653-8853

FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ PHONE # _____

CONTRACTOR'S NAME: Culpepper Construction Company

ADDRESS: 1538 Culpepper Construction Company

CITY, STATE & ZIP CODE: Tallahassee, FL 32308 PHONE # 850-224-3146

STATE LICENSE NUMBER: CGC045517 COMPETENCY CARD # 17-030

ADDRESS OF PROJECT: 135 Ave. G; Apalachicola, FL 32320

PROPOSED USE OF SITE: Hospital/22,000 sq.ft. single story addition to existing hospital

WILL THE STRUCTURE BE LOCATED AT LEAST 30 FEET FROM ANY BODY OF WATER? YES
 NO

PROPERTY PARCEL ID # 01-09S-08W-8330-0079-0010

LEGAL DESCRIPTION OF PROPERTY: All if 79; lots 1-5, 9, & 10 of 80

IF THE APPLICATION IS FOR A COMMERCIAL PROJECT PLEASE LIST THE NAME OF THE BUSINESS:

BONDING COMPANY: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

ARCHITECT'S/ENGINEER'S NAME: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

MORTGAGE LENDER'S NAME: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

WATER SYSTEM PROVIDER: _____ SEWER SYSTEM PROVIDER: _____

PRIVATE WATER WELL: _____ SEPTIC TANK PERMIT NUMBER: _____



Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that NO WORK or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for electrical work, plumbing, signs, roofing, pools, furnaces, boilers, heaters, tanks, and air conditioners, etc.

PURPOSE OF BUILDING:

Single Family Townhouse Commercial Industrial
 Duplex Swimming Pool Storage Sign
 Multi-Family Demolition Other


Addition, Alteration or Renovation to building, Existing hospital

Distance from property lines: Front _____ Rear _____ L. Side _____
R. Side _____
Cost of Construction \$ 8,265,000.00 Square Footage _____
EPI _____ Flood Zone _____ Lowest Floor Elevation _____
Area Heated/Cooled _____ # Of Stories _____ # Of Units _____
Type of Roof _____ Type of Walls _____ Type of Floor _____
Extreme Dimensions of: Length _____ Height _____ Width _____

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. For improvements to real property with a construction cost of \$2,500 or more, a certified copy of the Notice of Commencement is required to be submitted to this Department when application is made for a permit or the applicant may submit a copy of the Notice of Commencement along with an affidavit attesting to its recording. A certified copy of the Notice of Commencement must be provided to this Department before the second or any subsequent inspection can be performed. Filing of the documents that have been certified may be done by mail, facsimile or hand delivery.

NOTICE: EPCI: The EPCI/City of Apalachicola Building Department does not have the authority to enforce DEED RESTRICTIONS or COVENANTS on properties.

OWNER'S AFFIDAVIT: I hereby certify that the information contained in this application is true and correct to the best of my knowledge. And that all work will be done in compliance with all applicable laws regulating construction and zoning.



Signature of Owner or Agent

Signature of Contractor

Date: _____

Date: _____

Notary as to Owner or Agent

Notary as to Contractor

My Commission expires: _____

My Commission expires: _____

APPLICATION APPROVED BY: _____ **BUILDING OFFICIAL,**

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that NO WORK or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for electrical work, plumbing, signs, roofing, pools, furnaces, boilers, heaters, tanks, and air conditioners, etc.

PURPOSE OF BUILDING:

Single Family Townhouse Commercial Industrial
 Duplex Swimming Pool Storage Sign
 Multi-Family Demolition Other

Addition, Alteration or Renovation to building. Existing Hospital

Distance from property lines: Front _____ Rear _____ L. Side _____
R. Side _____
Cost of Construction \$ 8,265,000.00 _____ Square Footage _____
EPI _____ Flood Zone _____ Lowest Floor Elevation _____
Area Heated/Cooled _____ # Of Stories _____ # Of Units _____
Type of Roof _____ Type of Walls _____ Type of Floor _____
Extreme Dimensions of: Length _____ Height _____ Width _____

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. For improvements to real property with a construction cost of \$2,500 or more, a certified copy of the Notice of Commencement is required to be submitted to this Department when application is made for a permit or the applicant may submit a copy of the Notice of Commencement along with an affidavit attesting to its recording. A certified copy of the Notice of Commencement must be provided to this Department before the second or any subsequent inspection can be performed. Filing of the documents that have been certified may be done by mail, facsimile or hand delivery.

NOTICE: EPCB: The EPCB/City of Apalachicola Building Department does not have the authority to enforce DEED RESTRICTIONS or COVENANTS on properties.

OWNER'S AFFIDAVIT: I hereby certify that the information contained in this application is true and correct to the best of my knowledge. And that all work will be done in compliance with all applicable laws regulating construction and zoning.

Signature of Owner or Agent _____

Date: _____

Notary as to Owner or Agent _____

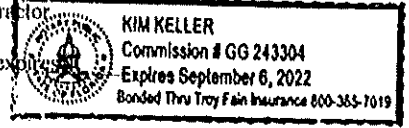
My Commission expires: _____

Signature of Contractor _____

Date: 3-19-19 _____

Notary as to Contractor _____

My Commission expires: _____



APPLICATION APPROVED BY: _____

BUILDING OFFICIAL.

**CITY OF APALACHICOLA
CERTIFICATE OF APPROPRIATENESS APPLICATION**

-HISTORIC DISTRICT-

Official Use Only

Application # _____
City Representative _____
Date Received _____

OWNER INFORMATION

CONTRACTOR INFORMATION

Owner George E. Weems Memorial Hospital
Address _____
City _____ State FL Zip _____
Phone (850) 653-8853

State License # CGC045517
City License # 17-030 County License # _____
Email Address AWAN@CULPEPPERCC.COM
Phone (850) 224-3146

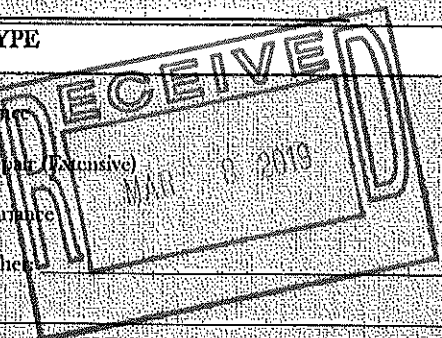
Approval Type: Staff Approval Date: _____ Board Approval Board Denial Date _____

* Reason for Denial _____

PROJECT TYPE

- New Construction
- Addition
- Alteration/Renovation
- Relocation
- Demolition

- Repair
- Repair (Extensive)
- Variance
- Other _____



PROPERTY INFORMATION:

Street Address: 135 AVE G City & State APALACHICOLA, FL Zip 32320

Historic District Non-Historic District Zoning District O/R

Parcel #: 01-09-08W-8330-0079-0010 Block(s) 79 Lot(s) ALL

FEMA Flood Zone/Panel #: AH/120089 Block 80 Lots 1-5,9, &10

(For AE, AO, AH or VE Please complete attached Flood Application)

OFFICIAL USE ONLY

Setback requirement of Property:

Front: _____ Rear: _____ Side: _____ Lot Coverage: _____

Water Available: _____ Sewer Available: _____ Taps Paid _____

This development request has been approved for zoning, land use, and development review by the City of Apalachicola and a building permit is authorized to be issued.

Certificate of Appropriateness Approval:

Chairperson, Apalachicola Planning & Zoning Board

NOTE: This is a conceptual approval through the City based on our Land Development Code (LDC). Please be aware that other documentation may be required by the Building Official contracted to handle the City of Apalachicola Building Permits, EPCI.

Cortni Bankston
Permitting and Development Coordinator
(850) 653-1522 (ext 205) Phone
(850)653-5023 Cell
cortnibankston@cityofapalachicola.com

Describe The Proposed Project and Materials. Describe the proposed project in terms of size, affected architectural elements, materials, and relationship to the existing structure(s).
 22,000 sq.ft. single story addition to existing hospital and rework of surrounding site
 to add code required parking and fix drainage issues

Project Scope	Manufacturer	Product Description	FL Product Approval #
Siding			
Doors		glass	
Windows			
Roofing		mill finished galvalume	
Trim		NA	
Foundation		concrete slab	
Shutters		NA	
Porch/Deck		NA	
Fencing		NA	
Driveways/Sidewalks		Asphalt paving	
Other			

CERTIFICATION

By Signing below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures and have read and understand the following:

1. I/We hereby attest to the fact that the above supplied property address(es), parcel number(s), and legal description(s) is(are) the true and proper identification of the area of this petition.
2. I/We authorize staff from the City of Apalachicola and the Permitting and Community and Economic Development Office to enter onto the property in question during regular city business hours in order to take photos which will be placed in the permanent file.
3. I/We understand that the COA review time period will not commence until the application is deemed complete by staff and may take up to 10 days to process. I further understand that an incomplete application submittal may cause my application to be deferred to the next posted deadline date.
4. I/We understand that, for Board review cases, an agenda and staff report (if applicable) will be available on the City's website approximately one week before the schedule Planning and Zoning Board Meeting.
5. I/We understand that the approval of this application by the Planning and Zoning Board or staff in no way constitutes approval of a Building Permit for construction from the City of Apalachicola Community and Economic Development Office.
6. I/We understand that all changes to the approved scope of work stated in a COA have to be approved by the PZB before work commences on those changes. There will be no charge for the revision to a COA. Making changes that have not been approved can result in a Stop Work Order being placed on the entire project and additional fees/penalties.
7. I/We understand that any decision of the PZB may be appealed to the City Commission. Petitions to appeal shall be presented within thirty (30) days after the decision of the PZB; otherwise the decision of the PZB will be final.
8. I/We understand that a Certificate of Appropriateness is only valid for one year from issuance. They are renewable for six months without cause, and for an additional six months, upon showing of good cause by the applicant. The applicant must submit all requests for extensions in writing and provide appropriate support documentation, if needed.
9. I/We understand that the COA is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet standards of all laws regulating construction in this jurisdiction.
10. I/We understand that separate permits are required for **Electrical, Plumbing, Mechanical, and Roofing Work.**
11. I/We understand that there will be no issuance of a COA without the property owner obtaining Homeowner's Association approval (if required) prior to the PZB Meeting and/or before the beginning of any work and in no way authorizes work that is in violation of any association rule or regulation.

DATE



SIGNATURE OF APPLICANT

**CITY OF APALACHICOLA
APPLICATION FOR BUILDING PERMIT
GENERAL, RENOVATION OR NEW CONSTRUCTION**

Applicant Name: **Mike Cooper, CEO - George E Weems Memorial Hospital**
Mailing Address: **33 Market Street, Suite 203, Apalachicola, FL 32320**
Telephone: Home _____ Business: **580-653-8853** Cell: **815-975-6383 (Nick Hill - Owner's Rep)**
Contractor Name: **Culpepper Construction Company**

Telephone: **229-226-0052** State Contractor's #: **CGC045517**
City License #: _____ County Registration #: _____

Property to be Renovated: Residential _____ Commercial Use **healthcare**

Property Address: **33 Market Street, Suite 203, Apalachicola, FL 32320**

All of Block 79, Lots 1-5, 9 &

Legal Description: Lot(s) **10 of Block 80** Block(s) **79, 80**

Subdivision: _____ Property Dimensions: **4.54 acres**

Property Zoning Classification: **O/R = Office Residential** FEMA Flood Zone/Panel #: **AH/120089**

Description of Development: **22,000sf single story addition to existing hospital and rework of surrounding site to add code required parking and fix drainage issues.**

For New Construction and Exterior Renovations to Existing Structure - See Attached Checklist
NOTE: This is a conceptual approval through the City based on our LDC. Please be aware that other documentation may be required through our contractor handling the Building Permits. EPCI.

Initial *MC*
Michael Cooper
Applicant Signature

J. Ramsey
City Representative

2/23/17
Date Received

Office Use Only This development request has been approved for zoning, land use and development review by the City of Apalachicola and a building permit is authorized to be issued.

Setback Requirement of Property: Front: _____ Rear: _____ Side: _____
(Setbacks must be indicated on site plan attached to construction plans for new construction.)

Maximum Lot Coverage Meets Zoning Code: _____

Water Available _____ Sewer Available _____ Taps Paid _____

Certificate of Appropriateness Approved: *[Signature]*
OR Chairman, **Apalachicola Planning & Zoning Board**

Approval for Permit Issuance: _____
City Representative *[Signature]* **3/13/17**
Date Approved

City of Apalachicola Tree Removal Application

Name: Mike Cooper, CEO - George E. Weems Memorial Hospital
 Address: 33 Market Street, Suite 203, Apalachicola, FL 32320
 Phone #: 580-653-8853
 Contractor: Culpepper Construction Company
 Contractor's Phone #: 229-226-0052
 Number of Trees: 58
 Type of Trees: Cabbage Palm, Date Palm, Oak, Pine, Cedar

REQUESTED REASONS FOR REMOVAL; (MARK ONE OR MORE)

	Trimming Limbs or Maintenance Issues.
<input checked="" type="checkbox"/>	New Construction House or Building.
	The tree has extensive decay throughout crown & main system.
	Safety Issue, Leaning over house, In power lines, Foundation of house.
	Insurance company will not cover unless tree is removed, Letter included.
<input checked="" type="checkbox"/>	Interfering with, Underground utilities, Sidewalks, Driveways, Etc.
	Don't like tree or location on property, Will pay Mitigation of \$ _____ .00

Applicant will provide all photos of trees and documentation that pertain to this application.

Applicant Signature: Michael Cooper Date: 2-17-17 Application Fee \$25.00

I understand a copy of the Ordinance is available on the City's website.

(www.cityofapalachicola.com)

And at City Hall's Office for review _____ initial.

NOTE: IF YOU ARE ADDRESSING A PROTECTED TREE (LIVE OAK, RED OAK, WHITE OAK, MAGNOLIA, SABLE/CABBAGE PALM, AND SLASH PINE) AN APPLICATION PROCESS AND P & Z APPROVAL ARE REQUIRED. SITE PLAN MUST BE SUBMITTED TO SHOW THE FOLLOWING INFORMATION AT A SCALE SUFFICIENT TO ENABLE THE DETERMINATION OF MATTERS REQUIRED UNDER ORDINANCE:

- 1.) The shape and dimensions of the lot or parcel, together with the existing and/or proposed locations of structures and improvements, if any.
- 2.) Location and dimensions of all existing trees which are subject to the protected tree provisions. Trees proposed to remain, to be re-located, or to be removed shall be so identified.
- 3.) A statement showing how trees not proposed for removal are to be protected during land clearing and construction; i.e. a statement as to proposed protective barriers.
- 4.) A statement as to grade changes proposed for the lot or parcel and how such changes will affect the matters regulated by Ordinance.

Date Approved: _____	Approved: Yes _____ or No _____
Reason not approved: _____	
Regulated: Y or N _____	
P & Z Approved: Yes _____ or No _____	
Signature: <u>[Signature]</u>	Approved By: City of Apalachicola
Date: _____	Code Enforcement Officer: _____
	City Administrator: _____
	Administrator's/Designee: _____



Parcel Summary

Weems

Parcel ID 01-09S-08W-8330-0079-0010
Location Address HEALTH DEPT/HOSPITAL
Brief BL 79 ALL OF BLOCK BL 80 1-5 & 1/28 ALL 9 & 10 LESS 0.482 AC M/L TO APALACHEE
Tax Description* MENTAL HEALTH
 *The Description above is not to be used on legal documents.
Property Use Code COUNTY (008600)
Sec/Twp/Rng 1-9S-8W
District Apalachicola (District 3)
Millage Rate 21.4474
Acreage 0.000
Homestead N

[View Map](#)

Owner Information

Primary Owner
 Franklin County
 33 Market Street
 Suite 203
 Apalachicola, FL 32320

Land Information

Land Use	Number of Units	Unit Type	Frontage	Depth
VAC RES	300.00	UT	0	0
VAC RES	150.00	UT	0	0

Residential Buildings

Building 1
Type HOSPITAL
Total Area 19,375
Heated Area 17,532
Exterior Walls FACE BRICK
Roof Cover BUILT-UP
Interior Walls DRYWALL
Frame Type MASONARY
Floor Cover VINYL ASB
Heat AIR DUCTED
Air Conditioning CENTRAL
Bathrooms 12
Bedrooms 10
Stories 0
Effective Year Built 1968



CITY OF APALACHICOLA

1 Avenue E • Apalachicola, Florida 32320 • 850-653-9319 • Fax 850-653-2205
www.cityofapalachicola.com

Mayor
Van W. Johnson, Sr.

3-7-17
Plan Review (2nd review based on amendments provided 3-6-17)
C. Clark

Commissioners
Brenda Ash
John M. Bartley, Sr.
Frank Cook
James L. Elliott

Weems Memorial Hospital

City Administrator
Lee H. Mathes, MMC

Zoning
OR
Consistent - Medical Services

City Clerk
Deborah Guillotte, CMC

FEMA Flood Zone
X
Plans Consistent

City Attorney
J. Patrick Floyd

Lot Coverage
Required: 40%
Proposed: 54% Note: This project received Board of Adjustment lot coverage variance on January 12, 2017.
Plans consistent as per variance approval.

Height
Required: Maximum 35'
Plans, as resubmitted (3-6-17) consistent.

Tree Removal
The applicant seeks to remove 58 trees from the site. Six of those trees are protected. Plans propose a mitigation of 48 trees – an amount adequate to comply with the City tree mitigation requirements.

Stormwater Management.
Consistent. Applicant has received appropriate State ERP permitting for this project.

Parking
Consistent.

General observations
1. Discrepancy of parcel size. Question resolved. Current survey received.
2. Discrepancy of Total Square Footage of Area New Construction. Question resolved. Total Square Footage of New Construction 18635 sf.



CITY OF APALACHICOLA

1 Avenue E · Apalachicola, Florida 32320 · 850-653-9319 · Fax 850-653-2205
www.cityofapalachicola.com

Mayor
Van W. Johnson, Sr.

Commissioners
Brenda Ash
John M. Bartley, Sr.
Frank Cook
James L. Elliott

3-1-17
Plan Review
C. Clark
Weems Memorial Hospital

City Administrator
Lee H. Mathes, MMC

City Clerk
Deborah Guillotte, CMC

Zoning
OR
Consistent - Medical Services

City Attorney
J. Patrick Floyd

FEMA Flood Zone
X
Plans Consistent

Lot Coverage
Required: 40%
Proposed: 54% Note: This project received Board of Adjustment lot coverage variance on January 12, 2017.
Plans consistent as per variance approval.

Height
Required: Maximum 35'
Proposed: Proposed addition includes an atrium that is 40' + feet tall and a mechanical cupola that reaches 37'. The proposed development height is not consistent with the land development regulations. At the very least, the mechanical cupola will require special exception consideration. The atrium itself would require a demonstration of hardship variance from the Board of Adjustment.

Tree Removal
The applicant seeks to remove 58 trees from the site. Six of those trees are protected. Plans propose a mitigation of 48 trees – an amount adequate to comply with the City tree mitigation requirements.

Stormwater Management.
Consistent. Applicant has received appropriate State ERP permitting for this project.

Parking

Consistent.

General observations

1. Discrepancy of parcel size. The permit application, engineered plans and NFWMD all reference different sizes for this parcel. Need a current survey and resolution on parcel size.
2. Discrepancy of Total Square Footage of Area New Construction. Engineering plans (sheet C-102 and sheet A-200) and permit application all contain different total square footage numbers. Is the proposed activity 22,000 square feet (application), 18,635 (sheet C-102) or 21,570 (sheet A-200). The board of adjustment application indicate proposed total square footage as 18,635. Please clarify.

CONTRACT NO.

1 2017
Mark Date
REVISED
COUNT

WEEKS
MEMORIAL

PROJECT NAME
**2016 ADDITION AND
RENOVATIONS**

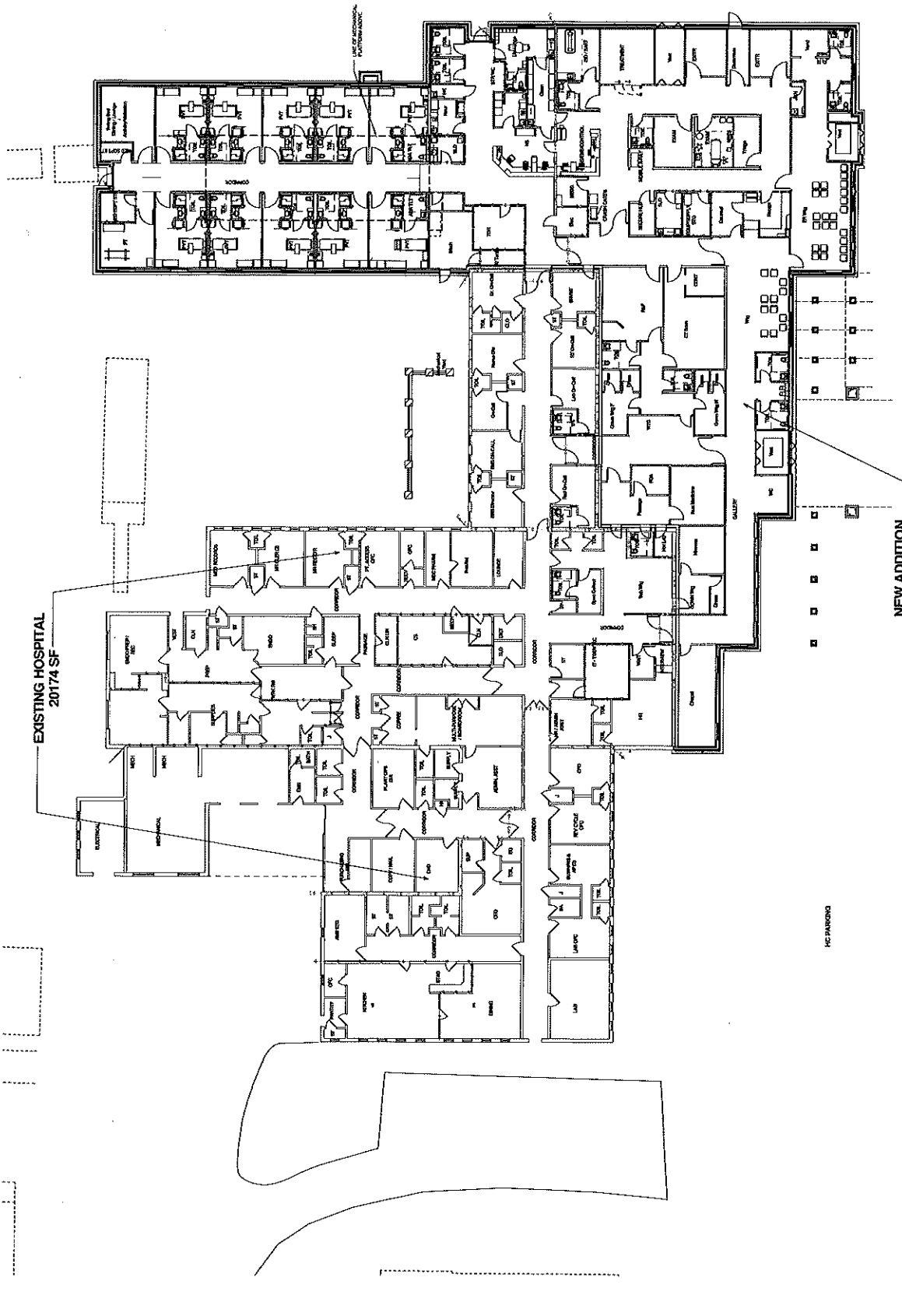
OWNER
WEEKS
MEMORIAL

DRAWING TITLE
FLOOR PLAN

SCALE
AS SHOWN
DATE
2/15/16

PLANNING AND ZONING
NOT FOR CONSTRUCTION

A-200.



EXISTING HOSPITAL
20174 SF

NEW ADDITION
18635 SF

HC PARKING

March 3, 2017
Comm. No. 2013092

City of Apalachicola Planning Department
Attn: Lee Mathes, City Administrator
1 Avenue E
Apalachicola, FL 32320

Subject: George E. Weems Memorial Hospital
2016 Addition & Renovations
Planning and Zoning Commission Submission

Dear Lee,

On behalf of George E. Weems Memorial Hospital and the Project Representative, ADAMS Management, we are submitting the following with a request for this project to be put on the March 13 Planning and Zoning Commission meeting agenda:

1. Flash drive containing PDFs of all the submitted documents including those submitted with our letter dated February 20, 2017, that have not changed, and the following documents revised and dated March 3, 2017 which supersede and replace previously submitted documents:
 - a. Existing Site Survey Sheet S1 with a revision date of 3/3/17, and showing the total property is 6.5 acres - Please note the engineered plans and the Northwest Florida Water Management District permit describe the "Project Area" (not the total property area) as 5.92 acres. There is a 0.58 acre portion of the property that is occupied by the health clinic which is within the property boundary. However, the health clinic portion of the site is not considered part of the project area because it is not being changed or improved. The engineered drawings and stormwater permit require water treatment only for the portions of the property being disturbed. This 0.58 acre portion is not being disturbed and drains to an existing stormwater pond; therefore, it was not included in the water quality calculations or part of the project area for purposes of stormwater design per NFWFMD's requirements. Nevertheless, the lot coverage variance included the entire 6.5 acres with all impervious areas included in the calculations. In other words, the project area (improvements and earthwork) do not encompass the entire property.
 - b. Sheet A-200 with a revision date of 3/3/17 addressing the building square footage discrepancy shown for new construction square footage on Sheet C-102 and Sheet A-200 - The square footage shown on Sheet A-200 with our February 20 submission included square footage for roof overhangs and canopies. We have revised the square footage on Sheet A-200 to reflect the area of the building footprint without roof overhangs and canopies. The application was developed on a rounded up figure including roof overhangs and canopies. If the hospital needs to revise the application, please let us know. Otherwise, we trust this explanation will suffice.
 - c. Sheet A-400 with a revision date of 3/3/17 addressing the building height limitations - We have adjusted the roof design so the roof height (including cupolas) does not exceed 35 feet. A 35 foot height limitation is indicated by a red line on our exterior elevations.

2. With the 3 revised drawings identified above, you should have the following drawings when combining our February 20 submission with today's revisions dated 3/3/17:
 - a. Cover Sheet
 - b. Project Location & Historical Building Context
 - c. Existing Site Survey
 - d. Site Geometry Plan
 - e. Utility Plan
 - f. Grading & Drainage Plan
 - g. Storm Water Detail Plan
 - h. Storm Water Detail Plan
 - i. Site Tree Plan
 - j. Landscape Planting Plan
 - k. Landscape Planting Details
 - l. Floor Plan
 - m. Exterior Building Elevations
 - n. Exterior Rendering with photos of proposed exterior building materials
 - o. Photos of Existing Exterior Conditions
3. Furthermore, our submission includes the following documents previously submitted on February 20:
 - a. Signed Application for Building permit and signed Tree Removal Application (1 copy of each)
 - b. State of Florida Plan Review Application dated September 27, 2016, listing Owner and design professionals, contact information, and professional license information for each (1 copy)
 - c. Northwest Florida Water Management District approval letter and accompanying documents all dated October 28, 2016 (10 copies)

We plan to mount and present those documents we highlighted on our February 20 submission letter at the March 13 meeting, but will bring a complete bound set should questions be posed concerning other documents. We understand no application fees are due at this time. If our understanding is not correct, or if any additional information is needed, please let me know (jbynum@troib.com).

In the meantime, thank you for the courtesies extended by your office and the City of Apalachicola to George E. Weems Memorial Hospital during this plan review process.

Sincere regards,
TRO Jung|Brannen






Joseph L. Bynum, AIA



Overview




Legend

-  Parcels
-  Roads
-  City Labels

Parcel ID	01-09S-08W-8330-0079-0010	Alternate ID	08W09S01833000790010	Owner Address	FRANKLIN COUNTY
Sec/Twp/Rng	1-9S-8W	Class	COUNTY		33 MARKET STREET
Property Address	HEALTH DEPT/HOSPITAL	Acreage	n/a		SUITE 203
					APALACHICOLA, FL 32320
District	3				
Brief Tax Description	BL 79 ALL OF BLOCK				
	(Note: Not to be used on legal documents)				

Date created: 3/8/2017
Last Data Uploaded: 2/24/2017 9:10:07 PM

 Developed by
The Schneider Corporation

Building 2

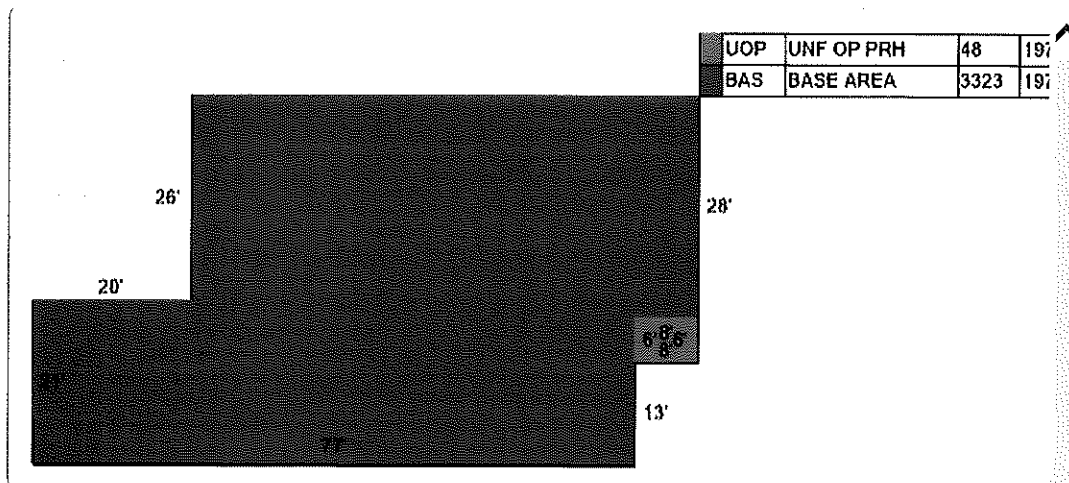
Type	HOSPITAL
Total Area	3,371
Heated Area	3,323
Exterior Walls	FACE BRICK
Roof Cover	MODULAR MT
Interior Walls	DRYWALL
Frame Type	MASONARY
Floor Cover	CARPET
Heat	AIR DUCTED
Air Conditioning	CENTRAL
Bathrooms	3
Bedrooms	0
Stories	0
Effective Year Built	1978

Valuation

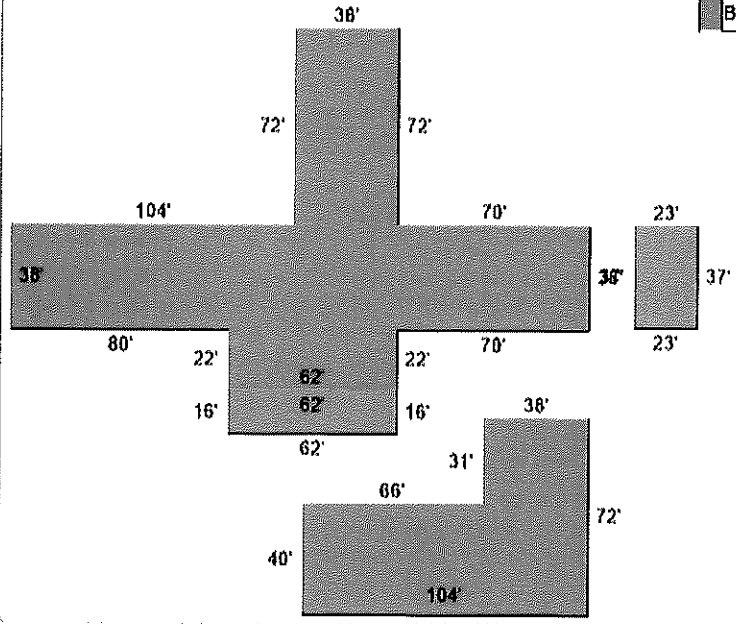
	2016 Certified	2015 Certified
Building Value	\$600,089	\$600,089
Extra Features Value	\$0	\$0
Land Value	\$202,500	\$202,500
Land Agricultural Value	\$0	\$0
Agricultural (Market) Value	\$0	\$0
Just (Market) Value	\$802,589	\$802,589
Assessed Value	\$802,589	\$802,589
Exempt Value	\$802,589	\$802,589
Taxable Value	\$0	\$0
Maximum Save Our Homes Portability	\$0	\$0

"Just (Market) Value" description - This is the value established by the Property Appraiser for ad valorem purposes. This value does not represent anticipated selling price.

Sketches



FST	F STORAGE	851	1968
CAN	CANOPY	992	1988
BAS	BASE AREA	17532	1968



No data available for the following modules: Commercial Buildings, Extra Features, Sales.

Franklin County makes every effort to produce the most accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use or interpretation. The assessment information is from the last certified taxroll. All data is subject to change before the next certified taxroll.

Last Data Upload: 2/24/2017 9:10:07 PM



STATE OF FLORIDA
PLAN REVIEW APPLICATION (PRA)
(To initiate project review, all items must be complete!)

<u>FACILITY REPORT</u>	PLEASE UPDATE ALL CHANGES AS REQUIRED	Project Number (Assigned by OPC) <u>23/100153-103-1</u>
		Team (Assigned by OPC) <u>Team A</u>
FACILITY NAME <u>George E. Weems Memorial Hospital</u>		
ADDRESS <u>135 Avenue G</u>	CITY <u>Apalachicola</u>	COUNTY <u>Franklin</u> ZIP <u>32320</u>
FACILITY CONTACT PERSON <u>Nick Hill</u> TITLE <u>Project Representative</u>		
PHONE <u>(615) 975-6383</u>	FAX <u>(850) 653-2474</u>	E-MAIL: <u>nhill@adamspmc.com</u>

<u>PROJECT REPORT</u>	PLEASE UPDATE ALL CHANGES AS REQUIRED	Team (Assigned by OPC) <u>Team A</u>
PROJECT NAME <u>2016 Addition & Renovations</u>		
ADDRESS OR DESCRIPTIVE LOCATION (If different from Facility) _____		
CITY _____ COUNTY _____ ZIP _____		
PROJECT CONTACT PERSON* <u>Nick Hill</u> TITLE: <u>Project Representative</u>		
*(To Be Contacted For Construction Survey Scheduling)		
PHONE <u>(615) 975-6383</u>	FAX <u>(850) 653-2472</u>	E-MAIL: <u>nhill@adamspmc.com</u>
PROJECT COST ESTIMATE (Must be filled in)\$ <u>6,177,500</u> BUILDING DEPARTMENT: <u>City of Apalachicola</u>		

ALL CORRESPONDENCE WILL BE ADDRESSED TO THE FOLLOWING
 PLEASE UPDATE ALL CHANGES AS REQUIRED

OWNER

OWNER (COMPANY NAME) <u>Franklin County</u>		
OWNER CONTACT PERSON <u>Nick Hill</u> TITLE <u>Project Representative</u>		
ADDRESS (If different than facility) _____		
CITY _____ STATE _____ COUNTY _____ ZIP _____		
PHONE () _____	FAX () _____	E-MAIL: _____

BILLING (Must be owner or owner's certified representative) PLEASE UPDATE ALL CHANGES AS REQUIRED

BILLING (COMPANY NAME) <u>Franklin County</u>		
BILLING CONTACT PERSON <u>Nick Hill</u> TITLE <u>Project Representative</u>		
ADDRESS (If different than facility) _____		
CITY _____ STATE _____ COUNTY _____ ZIP _____		
PHONE () _____	FAX () _____	E-MAIL: _____

(To initiate project review, all items must be complete!)

*****PROVIDE A CON, COPY OF LETTER OF NOTIFICATION, EXEMPTION OR NON REVIEWABLE***
(EXCEPTION: NOT REQUIRED FOR AMBULATORY SURGICAL CENTER)**

C.O.N. # _____ EXP. DATE _____ SQ. FT (CON) _____ EXEMPT # _____ NON-REVIEWABLE # _____
LETTER OF NOTIFICATION FROM CON: _____ See attached letter dated December 8, 2015

ANY CHANGES IN THE DESIGNATED PROJECT PLAYERS MUST BE UPDATED ON THIS FORM AS REQUIRED. NEW FIRMS MUST PROVIDE A REVISED APPLICATION FOR REVIEW AND A LETTER FROM THE OWNER STATING THIS ACCEPTANCE. ALL OTHER STATUTORY REQUIREMENTS FOR ASSUMING ARCHITECTURAL/ENGINEERING REPRESENTATION MUST BE COMPLETED.

THE FOLLOWING FIRMS WILL BE COPIED WITH ALL CORRESPONDENCE

PROJECT PLAYER REPORT

ARCH. FIRM TRO Jung|Brannen, Inc. FIRM CERTIFICATION AAC-000288
PROJECT MGR. Joseph L. Bynum, AIA
ARCHITECT FOR SIGNING & SEALING Joseph L. Bynum FLA. REGISTRATION AR-0008929
MAILING ADDRESS 4511 N. HIMES AVE., SUITE 200 TELEPHONE NO. (941) 366-1256
CITY TAMPA STATE FL ZIP CODE 33614 FAX: NA
E-MAIL jbynum@trojb.com

MECH. ENG. FIRM Smith Seckman Reid, Inc FIRM CERTIFICATION CA-0000857
PROJECT MGR. Jorge Rivera
ENGINEER FOR SIGNING & SEALING Stephen Bosch FLA. REGISTRATION PE-68193
MAILING ADDRESS 5728 Major Boulevard, Suite 720 TELEPHONE NO. (407) 475-0167
CITY ORLANDO STATE FL ZIP CODE 32819 FAX: NA
E-MAIL sbosch@ssr-inc.com

SPRK. ENG. FIRM Smith Seckman Reid, Inc FIRM CERTIFICATION CA-0000857
PROJECT MGR. Jorge Rivera
ENGINEER FOR SIGNING & SEALING Stephen Bosch FLA. REGISTRATION PE-68193
MAILING ADDRESS 5728 Major Boulevard, Suite 720 TELEPHONE NO. (407) 475-0167
CITY ORLANDO STATE FL ZIP CODE 32819 FAX: NA
E-MAIL sbosch@ssr-inc.com

PLUMB. ENG. FIRM Smith Seckman Reid, Inc FIRM CERTIFICATION CA-0000857
PROJECT MGR. Jorge Rivera
ENGINEER FOR SIGNING & SEALING Stephen Bosch FLA. REGISTRATION PE-68193
MAILING ADDRESS 1051 Winderley Place, Suite 303 TELEPHONE NO. (407) 475-0167
CITY ORLANDO STATE FL ZIP CODE 32819 FAX: NA
E-MAIL sbosch@ssr-inc.com

ELEC. ENG. FIRM Smith Seckman Reid, Inc FIRM CERTIFICATION CA-0000857
PROJECT MGR. Jorge Rivera
ENGINEER FOR SIGNING & SEALING Eugenio E. De Alba FLA. REGISTRATION PE-64611
MAILING ADDRESS 1051 Winderley Place, Suite 303 TELEPHONE NO. (407) 475-0167
CITY ORLANDO STATE FL ZIP CODE 32819 FAX: NA
E-MAIL frivera@ssr-inc.com

STRUC. ENG. FIRM Anderson Engineers, P.A. FIRM CERTIFICATION CA-25932
PROJECT MGR. Terry Lavelle Anderson, P.E.
ENGINEER FOR SIGNING & SEALING Terry Lavelle Anderson, P.E. FLA. REGISTRATION PE-33553
MAILING ADDRESS 78 Ricker Avenue TELEPHONE NO. (850) 231-4540
CITY Santa Rosa Beach STATE FL ZIP CODE 32459 FAX: (850) 231-7980
E-MAIL terry@andersonengineers.net

THE FOLLOWING FIRMS WILL BE COPIED WITH ALL CORRESPONDENCE

PROJECT PLAYER REPORT (CONT'D)

LANDSCAPE ARCH. FIRM Nimrod Long and Associates, Inc.
PROJECT MGR. **Dave Giddens**
LANDSCAPE ARCHITECT FOR SIGNING & SEALING Nimrod Long
MAILING ADDRESS 880 Montclair Road, Suite 235
CITY BIRMINGHAM STATE AL ZIP CODE 35213
E-MAIL dgiddens@nimrodlong.com

FIRM CERTIFICATION _____
FLA. REGISTRATION LA-0000779
TELEPHONE NO. (941) 366-1256
FAX: (205) 324-6128

CIVIL ENG. FIRM Dewberry Engineers, Inc
PROJECT MGR. **Dina Bautista**
ENGINEER FOR SIGNING & SEALING Barba Dina Bautista
MAILING ADDRESS 203 Aberdeen Parkway
CITY Panama City STATE FL ZIP CODE 32405
E-MAIL dbautista@dewberry.com

FIRM CERTIFICATION CA-8794
FLA. REGISTRATION PE-79785
TELEPHONE NO. (850) 571-1175
FAX: NA



February 20, 2017
Comm. No. 2013092

City of Apalachicola Planning Department
Attn: Cindy Clark, City Planner
1 Avenue E
Apalachicola, FL 32320

Subject: George E. Weems Memorial Hospital
2016 Addition & Renovations
Planning and Zoning Commission Submission

Dear Cindy,

On behalf of George E. Weems Memorial Hospital and the Project Representative, ADAMS Management, we are submitting the following with a request for this project to be put on the March 13 Planning and Zoning Commission meeting agenda:

1. Flash drive containing PDFs of all the submitted documents
2. Signed Application for Building Permit and signed Tree Removal Application (1 copy of each)
3. State of Florida Plan Review Application dated September 27, 2016, listing Owner and design professionals, contact information, and professional license information for each (1 copy)
4. Northwest Florida Water Management District approval letter and accompanying documents all dated October 28, 2016 (10 copies)
5. Ten (10) bound sets of 30 x 42 sheets containing:
 - a. Cover Sheet
 - b. Project Location & Historical Building Context
 - c. Existing Site Survey
 - d. Site Geometry Plan
 - e. Utility Plan
 - f. Grading & Drainage Plan
 - g. Storm Water Detail Plan
 - h. Storm Water Detail Plan
 - i. Site Tree Plan
 - j. Landscape Planting Plan
 - k. Landscape Planting Details
 - l. Floor Plan
 - m. Exterior Building Elevations
 - n. Exterior Rendering with photos of proposed exterior building materials
 - o. Photos of Existing Exterior Conditions

We plan to mount and present the documents highlighted above at the March 13 meeting, but will bring a complete bound set should questions be posed concerning other documents. We understand no application fees are due at this time. If our understanding is not correct, or if any additional information is needed, please let me know (jbynum@trojb.com).

Sincere regards,
TRO Jung|Brannen

Joseph L. Bynum, AIA



Brett J. Cyphers
Executive Director

Northwest Florida Water Management District

Carr Building, Suite 225, 3800 Commonwealth Blvd., MS LS225
Tallahassee, Florida 32399

Phone: (850) 921-2986 • Fax: (850) 921-3082

October 28, 2016

Michael Cooper
Weems Memorial Hospital
135 Avenue G
Apalachicola, FL 32320

RE: Notice of Final Agency Action - Approval
Individual Environmental Resource Permit
Project Number: IND-037-17590-1
Permit Name: Weems Memorial Hospital Development

Dear Sir/Madam:

Enclosed is the approved individual Environmental Resource Permit for the above referenced project as authorized on October 28, 2016 by the Northwest Florida Water Management District.

Please be sure to read the enclosed permit and all exhibits in their entirety, paying close attention to the permit conditions in Exhibit A that require you to perform maintenance activities on your stormwater system and to have inspections performed by a Registered Professional at specified times throughout the life of the stormwater system.

Please be advised that you are required to fully execute and submit the following documents:

- "Construction Commencement Notice" [Form 62-330.350(1)] - Submitted to the District no later than 48 hours prior to commencement of any part of the activity authorized by the enclosed permit.
- "As-Built Certification and Request for Conversion to Operational Phase" [Form 62-330.310(1)] Submitted to the District no later than 30 days after the activity has been completed.

Copies of these and other ERP forms are attached and are also available for download on the District website at http://www.nwfwmd.state.fl.us/permits/erp/erp_downloads.htm#erp_forms.

Please be advised that the District *has not* published a notice in the newspaper of local circulation advising the public that a permit has been issued for this activity. Publication, using the District form, notifies the public of their rights to challenge the issuance of this permit. If proper notice is given by publication, third parties have a 21-day time limit to file a petition opposing the issuance of the permit. If you do not publish, a party's right to challenge the issuance of the permit may extend indefinitely. If you wish to have certainty that the period for filing such a challenge is closed, then you may publish, at your expense, such a notice in a newspaper of general circulation. A sample notice form is attached for your information. If you choose to publish such a notice, please submit a copy to the District for our records.

GEORGE ROBERTS
Chair
Panama City

JERRY PATE
Vice Chair
Pensacola

JOHN W. ALTER
Secretary-Treasurer
Malone

GUS ANDREWS
DeFuniak Springs

JON COSTELLO
Tallahassee

MARC DUNBAR
Tallahassee

TED EVERETT
Chipley

NICK PATRONIS
Panama City Beach

BO SPRING
Port St. Joe

The issuance of an Environmental Resource Permit for this activity does not eliminate the need to obtain all necessary permits or approvals from other agencies.

Should you have any questions regarding your permit or its conditions, please contact your permit reviewer, Ken Greenwood, at (850) 921-2986 or by e-mail: Ken.Greenwood@nfwater.com and Ron Potts, at (850) 921-2986 or by e-mail: Ron.Potts@nfwater.com

Sincerely,



Michael Bateman
P.E., Chief, Bureau of Environmental Resource Permitting

cc:

Consultant:

Barba Bautista
Dewberry/Preble-Rish, Inc.
324 Marina Drive
Port St. Joe, FL 32456

Enc:

Environmental Resource Permit Number: IND-037-17590-1
Construction Commencement Notice [Form 62-330.350(1)]
As-Built Certification and Request for Conversion to Operational Phase [Form 62-330.310(1)]
Notice of Rights
Sample Newspaper Notice

**NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT
INDIVIDUAL ENVIRONMENTAL RESOURCE PERMIT**

PERMIT NO: IND-037-17590-1 **DATE ISSUED:** October 28, 2016

PROJECT NAME: Weems Memorial Hospital Development

CONSTRUCTION PHASE EXPIRATION DATE: October 28, 2021

A PERMIT AUTHORIZING:

Construction of a stormwater management system with stormwater treatment by dry retention for Weems Memorial Hospital Development, a 5.92 acre project to be constructed per plans received by the District on October 19, 2016.

LOCATION:

Section(s): 1 Township(s): 9S Range(s): 8W
Franklin County

ISSUED TO:

Weem Memorial Hospital
135 Avenue G
Apalachicola, FL 32320

Permittee agrees to hold and save the Northwest Florida Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to any permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit is issued pursuant to Part IV of Chapter 373, Florida Statute (F.S.), and Chapter 62-330, Florida Administrative Code, (F.A.C.), and may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

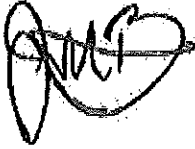
This permit also constitutes certification compliance with water quality standards under Section 401 of the Clean Water Act, 33 U.S. Code 1341.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated October 28, 2016

AUTHORIZED BY: Northwest Florida Water Management District
Division of Resource Regulation

By:

A handwritten signature in black ink, appearing to read "MB", enclosed within a circular scribble.

Michael Bateman, P.E.
Chief, Bureau of Environmental Resource Permitting

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER IND-037-17590-1
Weems Memorial Hospital Development
DATED October 28, 2016

1. All activities shall be implemented following the plans, specifications and performance criteria approved by this permit. Any deviations must be authorized in a permit modification in accordance with Rule 62-330.315, F.A.C. Any deviations that are not so authorized may subject the permittee to enforcement action and revocation of the permit under Chapter 373, F.S.
2. A complete copy of this permit shall be kept at the work site of the permitted activity during the construction phase, and shall be available for review at the work site upon request by the Agency staff. The permittee shall require the contractor to review the complete permit prior to beginning construction.
3. Activities shall be conducted in a manner that does not cause or contribute to violations of state water quality standards. Performance-based erosion and sediment control best management practices shall be installed immediately prior to, and be maintained during and after construction as needed, to prevent adverse impacts to the water resources and adjacent lands. Such practices shall be in accordance with the *State of Florida Erosion and Sediment Control Designer and Reviewer Manual (Florida Department of Environmental Protection and Florida Department of Transportation June 2007)*, and the *Florida Stormwater Erosion and Sedimentation Control Inspector's Manual (Florida Department of Environmental Protection, Nonpoint Source Management Section, Tallahassee, Florida, July 2008)*, which are both incorporated by reference in subparagraph 62-330.050(9)(b)5., F.A.C., unless a project-specific erosion and sediment control plan is approved or other water quality control measures are required as part of the permit.
4. At least 48 hours prior to beginning the authorized activities, the permittee shall submit to the Agency a fully executed Form 62-330.350(1), "Construction Commencement Notice," [October 1, 2013], incorporated by reference herein (<http://www.flrules.org/Gateway/reference.asp?No=Ref-02505>), indicating the expected start and completion dates. A copy of this form may be obtained from the Agency, as described in subsection 62-330.010(5), F.A.C. If available, an Agency website that fulfills this notification requirement may be used in lieu of the form.
5. Unless the permit is transferred under Rule 62-330.340, F.A.C., or transferred to an operating entity under Rule 62-330.310, F.A.C., the permittee is liable to comply with the plans, terms and conditions of the permit for the life of the project or activity.
6. Within 30 days after completing construction of the entire project, or any independent portion of the project, the permittee shall provide the following to the Agency, as applicable:
 1. For an individual, private single-family residential dwelling unit, duplex, triplex, or quadruplex – "Construction Completion and Inspection Certification for Activities Associated With a Private Single-Family Dwelling Unit" [Form 62-330.310(3)]; or

2. For all other activities – “As-Built Certification and Request for Conversion to Operational Phase” [Form 62-330.310(1)].
 3. If available, an Agency website that fulfills this certification requirement may be used in lieu of the form.
7. If the final operation and maintenance entity is a third party:
1. Prior to sales of any lot or unit served by the activity and within one year of permit issuance, or within 30 days of as- built certification, whichever comes first, the permittee shall submit, as applicable, a copy of the operation and maintenance documents (see sections 12.3 thru 12.3.3 of Volume I) as filed with the Department of State, Division of Corporations and a copy of any easement, plat, or deed restriction needed to operate or maintain the project, as recorded with the Clerk of the Court in the County in which the activity is located.
 2. Within 30 days of submittal of the as- built certification, the permittee shall submit “Request for Transfer of Environmental Resource Permit to the Perpetual Operation Entity” [Form 62-330.310(2)] to transfer the permit to the operation and maintenance entity, along with the documentation requested in the form. If available, an Agency website that fulfills this transfer requirement may be used in lieu of the form.
8. The permittee shall notify the Agency in writing of changes required by any other regulatory agency that require changes to the permitted activity, and any required modification of this permit must be obtained prior to implementing the changes.
9. This permit does not:
1. Convey to the permittee any property rights or privileges, or any other rights or privileges other than those specified herein or in Chapter 62-330, F.A.C.;
 2. Convey to the permittee or create in the permittee any interest in real property;
 3. Relieve the permittee from the need to obtain and comply with any other required federal, state, and local authorization, law, rule, or ordinance; or
 4. Authorize any entrance upon or work on property that is not owned, held in easement, or controlled by the permittee
10. The permittee shall hold and save the Agency harmless from any and all damages, claims, or liabilities that may arise by reason of the construction, alteration, operation, maintenance, removal, abandonment or use of any project authorized by the permit.
11. The permittee shall notify the Agency in writing:
1. Immediately if any previously submitted information is discovered to be inaccurate; and
 2. Within 30 days of any conveyance or division of ownership or control of the property or the system, other than conveyance via a long-term lease, and the new owner shall request transfer of the permit in accordance with Rule 62-330.340, F.A.C. This does not apply to the sale of lots or units in residential or commercial subdivisions or condominiums where the stormwater management system has been completed and converted to the operation phase
12. Upon reasonable notice to the permittee, Agency staff with proper identification shall have permission to enter, inspect, sample and test the project or activities to ensure conformity with the plans and specifications authorized in the permit.

13. If any prehistoric or historic artifacts, such as pottery or ceramics, stone tools or metal implements, dugout canoes, or any other physical remains that could be associated with Native American cultures, or early colonial or American settlement are encountered at any time within the project site area, work involving subsurface disturbance in the immediate vicinity of such discoveries shall cease. The permittee or other designee shall contact the Florida Department of State, Division of Historical Resources, Compliance and Review Section, at (850) 245-6333 or (800) 847-7278, as well as the appropriate permitting agency office. Such subsurface work shall not resume without verbal or written authorization from the Division of Historical Resources. If unmarked human remains are encountered, all work shall stop immediately and notification shall be provided in accordance with Section 872.05, F.S.
14. Any delineation of the extent of a wetland or other surface water submitted as part of the permit application, including plans or other supporting documentation, shall not be considered binding unless a specific condition of this permit or a formal determination under Rule 62-330.201, F.A.C., provides otherwise.
15. The permittee shall provide routine maintenance of all components of the stormwater management system to remove trapped sediments and debris. Removed materials shall be disposed of in a landfill or other uplands in a manner that does not require a permit under Chapter 62-330, F.A.C., or cause violations of state water quality standards.
16. This permit is issued based on the applicant's submitted information that reasonably demonstrates that adverse water resource-related impacts will not be caused by the completed permit activity. If any adverse impacts result, the Agency will require the permittee to eliminate the cause, obtain any necessary permit modification, and take any necessary corrective actions to resolve the adverse impacts.
17. A Recorded Notice of Environmental Resource Permit may be recorded in the county public records in accordance with subsection 62-330.090(7), F.A.C. Such notice is not an encumbrance upon the property.
18. **Record-keeping.** The permittee shall be responsible for keeping records documenting that relevant permit conditions are met. This documentation shall include, at a minimum, the date of each inspection, the name and qualifications of the inspector, any maintenance actions taken, and a determination by the inspector as to whether the system is operating as intended. Inspection documentation must be readily available and shall be provided at the District's request. Submittal of the inspection documentation to the District is not required.
19. Once project construction has been deemed complete, including the re-stabilization of all side slopes, embankments, and other disturbed areas, and before the transfer to the Operation and Maintenance phase, all obsolete erosion control materials shall be removed.
20. Grassed areas of the retention system shall be fertilized only as needed to maintain vegetation, and shall be mowed regularly in order to be kept at a manageable length as required for system functionality, maintenance, and safety.
21. Percolation performance shall be evaluated within the pond at least every third year. If there is evidence of inadequate percolation, the pond bottom must be re-scarified or

deep-raked to restore percolation characteristics. If reworking the pond bottom fails to restore adequate percolation, additional retention area restoration shall be performed as follows:

- a. Remove the top layer of the retention area bottom material to a depth of 2 to 3 inches and scarify or deep-rake the excavated bottom.
- b. Replace excavated bottom material with suitably permeable material and restore the pond bottom to design grade.

22. Inspections by the Permittee.

- The stormwater system shall be inspected periodically for accumulation of debris and trash. Accumulations of debris and trash that negatively affect the function of the system shall be removed upon discovery.
- The stormwater system shall be inspected periodically for silt accumulation. Accumulations of silt that negatively affect the function of the system shall be removed.
- The overflow weir and skimmer, if applicable, shall be inspected annually to confirm that it is free-flowing and clear of debris.

23. Inspections by a Registered Professional. The stormwater management system shall be inspected by a registered professional to evaluate whether the system is functioning as designed and permitted. Percolation performance should specifically be addressed. The Registered Professional may record his inspection on Form No 62-330.311(1), Operation and Maintenance Inspection Certification or may provide his evaluation in any other format; however any report must be signed and sealed by the Registered Professional. Submittal of the inspection report to the District is not required; but the report shall be made available to the District upon request. Inspections shall be made by the Registered Professional in accordance with this schedule:

- On the first anniversary of the date of conversion to Operation and Maintenance Phase.
- Every fifth year on the anniversary of conversion to Operation and Maintenance phase, after the first year of successful operation.

24. Reporting by a Registered Professional. Within 30 days of any failure of a stormwater management system or deviation from the permit, a report shall be submitted to the District on Form 62-330.311(1), Operation and Maintenance Inspection Certification, describing the remedial actions taken to resolve the failure or deviation. This report shall be signed and sealed by a Registered Professional.



NOTICE OF RIGHTS

Northwest Florida Water Management District
152 Water Management Drive, Havana, FL 32333-4712
(850) 539-5999 Fax (850) 539-2693
www.nwfwater.com



The following information addresses procedures to be followed if you desire an administrative hearing or other review of agency action.

PETITION FOR FORMAL ADMINISTRATIVE PROCEEDINGS

Any person whose substantial interests are or may be affected by the action described in the enclosed Notice of Agency Action, may petition for an administrative hearing in accordance with the requirements of section 28-106.201, Florida Administrative Code, or may choose to pursue mediation as an alternative remedy under section 120.573, Florida Statutes, before the deadline for filing a petition. Pursuit of mediation will not adversely affect the right to administrative proceedings in the event mediation does not result in a settlement. Petitions for an administrative hearing must be filed with the Agency Clerk of the Northwest Florida Water Management District, 81 Water Management Drive, Havana, Florida 32333-9700 by the deadline specified in the attached cover letter. Failure to file a petition within this time period shall constitute a waiver of any rights such person may have to request an administrative determination (hearing) under section 120.57, Florida Statutes, concerning the subject permit application. Petitions which are not filed in accordance with the above provisions are subject to dismissal.

DISTRICT COURT OF APPEAL

A party who is adversely affected by final agency action on the permit application and who has exhausted available administrative remedies is entitled to judicial review in the District Court of Appeal pursuant to section 120.68, Florida Statutes. Review under section 120.68, Florida Statutes, is initiated by filing a Notice of Appeal in the appropriate District Court of Appeal in accordance with Florida Rule of Appellate Procedure 9.110.

SECTION 28-106.201, FLORIDA ADMINISTRATIVE CODE, INITIATION OF PROCEEDINGS

- (1) Unless otherwise provided by statute, and except for agency enforcement and disciplinary actions that shall be initiated under Rule 28-106.2015, F.A.C., initiation of proceedings shall be made by written petition to the agency responsible for rendering final agency action. The term "petition" includes any document that requests an evidentiary proceeding and asserts the existence of a disputed issue of material fact. Each petition shall be legible and on 8 1/2 by 11 inch white paper. Unless printed, the impression shall be on one side of the paper only and lines shall be double-spaced.
- (2) All petitions filed under these rules shall contain:
 - (a) The name and address of each agency affected and each agency's file or identification number, if known;
 - (b) The name, address, any e-mail address, any facsimile number, and telephone number of the petitioner, if the petitioner is not represented by an attorney or a qualified representative; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;
 - (c) A statement of when and how the petitioner received notice of the agency decision;
 - (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
 - (e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;
 - (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
 - (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.
- (3) Upon receipt of a petition involving disputed issues of material fact, the agency shall grant or deny the petition, and if granted shall, unless otherwise provided by law, refer the matter to the Division of Administrative Hearings with a request that an administrative law judge be assigned to conduct the hearing. The request shall be accompanied by a copy of the petition and a copy of the notice of agency action.

Rulemaking Authority 14.202, 120.54(3), (5) FS. Law Implemented 120.54(3) FS. History--New 4-1-97, Amended 9-17-98, 1-15-07, 2-5-13.

NOTICING PUBLICATION INFORMATION

The District's action regarding the issuance or denial of a permit, a petition or qualification for an exemption only becomes closed to future legal challenges from members of the public ("third parties"), if 1) "third parties" have been properly notified of the District's action regarding the permit or exemption, and 2) no "third party" objects to the District's action within a specific period of time following the notification.

Notification of "third parties" is provided through publication of certain information in a newspaper of general circulation in the county where the proposed activities are to occur. Publication of notice informs "third parties" of their right to have a 21-day time limit in which to file a petition opposing the District's action. However, if no notice to "third parties" is published, there is no time limit to a party's right to challenge the District's action. The District has not published a notice to "third parties" that it has taken final action on your application. If you want to ensure that the period of time in which a petition opposing the District's action regarding your application is limited to the time frame state above, you may publish, at your own expense, a notice in a newspaper of general circulation. A copy of the Notice of Agency Action the District uses for publication is attached. You may use this format or create your own, as long as the essential information is included.

If you do decide to publish a Notice of Final Agency Action, please provide the District a copy of the Proof of Publication when you receive it. That will provide us notice that action on this permit application is closed after the 21 days following publication.

**Notice of Final Agency Action Taken by the
Northwest Florida Water Management District**

Notice is given that Environmental Resource permit number IND-037-17590-1 was issued on October 28, 2016 to Micheal Cooper Cooper Weem Memorial Hospital for the construction of a new surface water management system New construction of a stormwater treatment system using dry retention to serve a project area of approximately 5.92 acres. The construction project consists of an addition to the existing hospital building plus the required ancillary impervious area for sidewalks, parking, driveways and miscellaneous uses. The three retention ponds being proposed will provide treatment for the increased runoff, plus attenuation of the 2 year 24 hour storm event. The project is located at 135 Ave G. Project is located in the NE quadrant of the intersection of 12th street and Ave G in the city of Apalachicola., Franklin County.

The file containing the application for this permit is available for inspection Monday through Friday (except for legal holidays), 8:00 a.m. to 5:00 p.m. at the Northwest Florida Water Management District's ERP Office, Carr Building, Suite 225 3800 Commonwealth Blvd., Tallahassee, FL 32399

A person whose substantial interests are affected by the District permitting decision may petition for an administrative hearing in accordance with Sections 120.569 and 120.57 F.S., or may choose to pursue mediation as an alternative remedy under Section 120.573, Florida Statutes, and Rules 28-106.111 and 28-106.401-404, Florida Administrative Code. Petitions must comply with the requirements of Florida Administrative Code, Chapter 28-106 and be filed with (received by) the District Clerk located at District Headquarters, 81 Water Management Drive, Havana, FL 32333-4712. Petitions for administrative hearing on the above application must be filed within twenty-one (21) days of publication of this notice or within twenty-six (26) days of the District depositing notice of this intent in the mail for those persons to whom the District mails actual notice. Failure to file a petition within this time period shall constitute a waiver of any right(s) such person(s) may have to request an administrative determination (hearing) under Sections 120.569 and 129.57, F.S., concerning the subject permit. Petitions which are not filed in accordance with the above provisions are subject to dismissal.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the District's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the District on the application have the right to petition to become a party to the proceedings, the accordance with the requirements set forth above.