

STATE OF FLORIDA
FLORIDA HOUSING FINANCE CORPORATION

FLORIDA LOW INCOME
HOUSING ASSOCIATES, INC.,

Petitioner,

v.

FHFC CASE NO. 2004-025-UC
APPLICATION NO. 2004-099H

FLORIDA HOUSING FINANCE
CORPORATION,

Respondent.

FILED WITH THE CLERK OF THE FLORIDA
HOUSING FINANCE CORPORATION

M. Dyson /DATE: 2/20/04

PETITION

Florida Low Income Housing Associates, Inc., by counsel, submits this Petition pursuant to Rule 28-106.301 and Rule 67-48.005 *Florida Administrative Code* and requests an evidentiary proceeding.

1. Agency: The name and address of the Agency affected and the Agency's file or identification number are as follows:

Florida Housing Finance Corporation
227 N. Bronough Street, Ste. 5000
Tallahassee, FL 32301-1329
Agency's Application Number is 2004-099H
2. Petitioner, Petitioner's Representative and Substantial Interest: The names, addresses and telephone numbers of Petitioner and Petitioner's Representative

and an explanation of how the Petitioner's substantial interest will be affected by the Agency determination is as follows:

a) Petitioner:

Florida Low Income Housing Associates, Inc.
701 White Boulevard
Inverness, FL 34453
Phone: (352) 726-1113
Fax: (352) 726-1130

b) Petitioner's Representative:

Bryce W. Ackerman
Gray, Ackerman & Haines, P.A.
125 NE 1 Avenue, Ste. 1
Ocala, FL 34470
Phone: (352) 732-8121
Fax: (352) 368-2183

- c) Florida Low Income Housing Associates, Inc., is an applicant for funding with FHFC for the 2004 application cycle. Florida Low Income Housing Associates, Inc. is substantially affected by the decision of FHFC that its application does not meet threshold requirements because the determination results in funding being denied.

3. Notification to Petitioner:

The Petitioner received notification of the Agency's decision by receipt of the Agency's memorandum dated July 9, 2004, which included final scores and

notice of rights.

4. Statement of Disputed Facts:

The Agency's position is that the following Exhibits:

Certification of availability of electricity;
Certification of availability of water;
Certification of availability of sewer;
Certification of availability of road;
Certification of zoning;
Certification of environmental safety

were submitted on forms or pages contained in the application package that were "scanned, imaged, re-typed or otherwise altered". Petitioner obtained these exhibit forms as "early release forms", by downloading them from the Agency's website. Petitioner denies that they were "scanned, imaged, re-typed or otherwise altered". Petitioner submitted the forms in the form that they were received. When attempting to cure this issue Petitioner received the forms from the Agency by fax.

5. Ultimate Facts:

Petitioner in conjunction with the filing of Application 2004-099H, submitted all of the Exhibits listed in Paragraph 4 above. These Exhibits were prepared by the Agency for use during the application process. The original Exhibits submitted by the Petitioner contain the exact verbiage and certifications required by the Agency. Petitioner obtained the Exhibit forms by downloading early release forms from the Agency web site. Attached hereto as Composite Exhibit "1" are copies of the

forms as originally downloaded by the Petitioner.

Petitioner obtained the necessary certifications from the appropriate entities and governmental agencies and submitted them with Application 2004-099H. A copy of the Exhibits as originally submitted to the Agency are attached hereto as Composite Exhibit "2". The Agency determined that the Exhibits attached as Composite Exhibit "2" failed to meet threshold because they were "scanned, imaged, altered or retyped". Petitioner denies that the documents were scanned, imaged, altered or retyped and asserts that they were submitted with their application in the exact form as downloaded from the Agency web site.

These documents were downloaded as "early release forms" from the www.floridahousing.org website in Microsoft Word document format. Microsoft Word document format is not a persistent format. This means that a Microsoft Word document is not guaranteed to preserve formatting from computer to computer. Because of the use of Microsoft Word format there could have been no expectation that the formatting of the document would be preserved when downloaded. Additionally, there was no way for the Petitioner to know that the format as downloaded was different from that intended by the Agency. See attached Exhibit "4".

Petitioner attempted to cure the Agency's concern related to these exhibits.

Petitioner re-submitted these exhibits after having received the forms by fax on identical forms which were merely formatted differently than those downloaded from the Agency web site. A copy of the re-submitted exhibits are attached hereto as Composite Exhibit "3". The re-submitted exhibits were determined not to meet threshold because they were inadvertently dated on the dates they were re-executed which were subsequent to the date of the application. It is Petitioner's position that the dates of the re-submitted certification were scrivener's errors as shown by the earlier certifications dated prior to the application date. Since the Petitioner submitted all of the certifications on the forms and in the format requested by the Agency and the application reflects that these certifications were completed prior to the application date, it should not be a reason to refuse to accept the certifications and satisfy threshold requirements.

6. Rules and Statutes:

The Rules and Statutes which require reversal or modification of the Agency's proposed action are Part V of §420 *Florida Statutes*, Rule 67-48, *Florida Administrative Code*, the 2004 Application and Instructions.

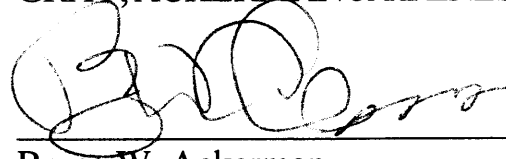
7. Relief Requested:

Petitioner requests that its Application be treated as meeting threshold and that the Applicant be eligible to participate in the Agency's 2004 Universal

Application Cycle. Petitioner requests an evidentiary hearing in connection with the
disputed facts.

Respectfully submitted:

GRAY, ACKERMAN & HAINES, P.A.

A handwritten signature in black ink, appearing to read 'Bryce W. Ackerman', written over a horizontal line.

Bryce W. Ackerman
Fla. Bar No. 263117
125 NE 1 Avenue, Ste. 1
Ocala, FL 34470
(352) 732-8121

**VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE
SEWER CAPACITY, PACKAGE TREATMENT, OR SEPTIC TANK**

Name of Development: NATURE WALK

Address of Development Site: W. TURKEY OAK DR., CRYSTAL RIVER, FL 34429
The undersigned service provider or permitting authority confirms that on or before

(Month/day/year)

1. Sewer Capacity, Package Treatment, or Septic Tank is available to the proposed Development.
2. There are no impediments to the proposed Development for obtaining the specified waste treatment service other than payment of hook-up or installation fees, line extensions to be paid for by the Applicant in connection with the construction of the Development, or other such routine administrative procedure.
3. To the best of our knowledge, no variance or local hearing is required to make this service available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to this service, which are applicable to the proposed Development.

CERTIFICATION

I certify that the foregoing information is true and correct.

Signature	Date	Name of Entity Providing Service
-----------	------	----------------------------------

Print or Type Name Address

Print or Type Title

Telephone Number (including area code)
--

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this Development and it is inappropriately signed, the Application will fail threshold.

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

**LOCAL GOVERNMENT VERIFICATION OF STATUS OF
SITE PLAN APPROVAL FOR MULTIFAMILY DEVELOPMENTS**

Name of Development: NATURE WALK

Address of Development Site: W. TURKEY OAK DRIVE, CRYSTAL RIVER, FL. 34429

Zoning Designation: _____

Mark the applicable statement:

1. The above-referenced Development is new construction or rehabilitation with new construction and the final site plan was approved by action of the _____ on _____. (Legally Authorized Body*)
(Date)
2. The above-referenced Development is new construction or rehabilitation with new construction and this jurisdiction provides either preliminary site plan approval or conceptual site plan approval. The preliminary or conceptual site plan was approved by action of the _____ on _____.
(Legally Authorized Body*) (Date)
3. The above-referenced Development is new construction or rehabilitation with new construction and requires site plan approval for the new construction work. However, this jurisdiction provides neither preliminary site plan approval nor conceptual site plan approval, nor is any other similar process provided prior to issuing final site plan approval. Although there is no preliminary or conceptual site plan approval process and the final site plan approval has not yet been issued, the site plan was reviewed by _____ on _____.
(Legally Authorized Body*) (Date)
4. The above-referenced Development is rehabilitation without any new construction and does not require additional site plan approval or similar process.
* "Legally Authorized Body" is not an individual. Applicant must state the name of the City Council, County Commission, Board, Department, Division, etc., with authority over such matters.

CERTIFICATION

I certify that the City/County of _____ has vested in me the authority
(Name of City or County)
to verify status of site plan approval as specified above and I further certify that the information stated above is true and correct.

Signature Date Print or Type Name and Title

This certification must be signed by the applicable City's or County's Director of Planning and Zoning, chief appointed official (staff) responsible for determination of issues related to comprehensive planning and zoning, City Manager, or County Manager/Administrator/Coordinator. Signatures from local elected officials are not acceptable, nor are other signatories. If this certification is applicable to this Development and it is inappropriately signed, Application will fail threshold. If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

**VERIFICATION OF ENVIRONMENTAL SAFETY
PHASE I ENVIRONMENTAL SITE ASSESSMENT**

Name of Development: NATURE WALK

Address of Development Site: W. TURKEY OAK DR., CRYSTAL RIVER, FL 34429

As a representative of the firm that performed the Phase I Environmental Site Assessment (ESA), I certify that a Phase I ESA of the above referenced Development site was conducted by the undersigned environmental firm as of _____

(Date of Phase I ESA)

and such Phase I ESA meets the standards of ASTM Practice #E1527-00. Check all that apply in Items 1, 2 and 3 below:

1. If the Phase I ESA is over 12 months old from the Application Deadline for this Application has the site's environmental condition changed since the date of the original Phase I ESA?

Yes No

If "Yes", answer question (1) or (2) below:

(1) AnYE update to the original Phase I ESA was prepared on _____ (Date of update), or

(2) A new Phase I ESA was prepared on _____ (Date of new Phase I ESA).

2. If there are one or more existing buildings on the proposed site, the Phase I ESA:
- a. Addresses the presence or absence of asbestos or asbestos containing materials (ACM) and lead based paint (LBP); or
 - b. Separate report(s) addressing the presence or absence of asbestos or asbestos containing materials and lead-based paint have been prepared and the undersigned has reviewed the separate report(s). Such separate report(s) may or may not be incorporated by reference in the Phase I ESA.
3. If the Phase I ESA discloses potential problems (including, but not limited to asbestos or asbestos containing materials, lead-based paint, radon gas, etc.) on the proposed site:
- a. Environmental safety conditions on the site require remediation and a plan that includes anticipated costs and estimated time needed to complete the remediation has been prepared, either as a part of the Phase I ESA or as a separate report.
 - b. A Phase II ESA is required or recommended (the firm that performed the Phase II ESA, even if it is the same firm that prepared the Phase I ESA MUST complete and execute the Phase II Environmental Site Assessment Verification).
 - c. Although environmental safety conditions exist on the site, no remediation or further study is required or recommended.

CERTIFICATION

I certify that the foregoing information is true and correct.

Authorized Signature Date Name of Firm that Performed the Phase I ESA

Print or Type Name of Signatory Address of Environmental Firm

Print or Type Title of Signatory Telephone Number Including Area Code

A representative of the firm that performed the Phase I ESA for the proposed Development site must sign this certification. If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

UA1016 (Rev. 3-04) Exhibit _____

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE ELECTRICITY

Name of Development: NATURE WALK

Address of Development Site: W. TURKEY OAK DR., CRYSTAL RIVER, FL 34429

The undersigned service provider confirms that on or before 3-29-04 :
(month/day/year)

1. Electricity is available to the proposed Development.
2. There are no impediments to the proposed Development for obtaining electric service other than payment of hook-up or installation fees, line extensions to be paid for by the Applicant in connection with the construction of the Development, or other such routine administrative procedure.
3. To the best of our knowledge, no variance or local hearing is required to make electricity available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to electric service which are applicable to the proposed Development.

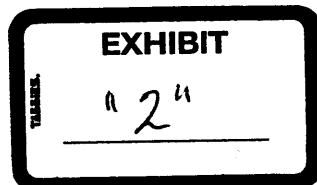
CERTIFICATION

I certify that the foregoing information is true and correct.

<u>[Signature]</u>	<u>3-29-04</u>	<u>PROGRESS ENERGY FLA.,</u>
Signature	Date	Name of Entity Providing Service
<u>DENNIS RAY</u>	<u>SIS</u>	<u>INDEPENDENCE HWY</u>
Print or Type Name Address		<u>INWESS, FL 34453</u>
<u>SERVICE COORD.</u>		
Print or Type Title		
<u>352-563-4690</u>		
Telephone Number (including area code)		

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this Development and it is inappropriately signed, the Application will fail threshold. If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

UA1016 (Rev. 3-04) Exhibit _____



**VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE
WATER**

Name of Development: NATURE WALK


Address of Development Site: W. TURKEY OAK DR., CRYSTAL RIVER, FL 34429

The undersigned service provider confirms that on or before March 26, 2004 :
(Month/day/year)

1. Potable water is available to the proposed Development.
2. There are no impediments to the proposed Development for obtaining potable water service other than payment of hook-up or installation fees, line extensions to be paid for by the Applicant in connection with the construction of the Development, or other such routine administrative procedure.
3. To the best of our knowledge, no variance or local hearing is required to make potable water available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to potable water, which are applicable to the proposed Development.

CERTIFICATION

I certify that the foregoing information is true and correct.

	<u>3-26-04</u>	<u>Citrus County Utilities</u>
Signature	Date	Name of Entity Providing Service
<u>Lori Bonanno</u>		<u>1300 South Lecanto Hwy</u>
Print or Type Name	Address	
<u>Review/Permitting Specialist</u>	<u>Lecanto, FL 34461</u>	
Print or Type Title		
<u>352-527-7650</u>		
Telephone Number (including area code)		

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this Development and it is inappropriately signed, the Application will fail threshold.

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

**VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE
SEWER CAPACITY, PACKAGE TREATMENT, OR SEPTIC TANK**

Name of Development: NATURE WALK

Address of Development Site: W. TURKEY OAK DR., CRYSTAL RIVER, FL 34429
 The undersigned service provider or permitting authority confirms that on or before
3/26/04 :
 (Month/day/year)

1. Sewer Capacity, Package Treatment, or Septic Tank is available to the proposed Development.
2. There are no impediments to the proposed Development for obtaining the specified waste treatment service other than payment of hook-up or installation fees, line extensions to be paid for by the Applicant in connection with the construction of the Development, or other such routine administrative procedure.
3. To the best of our knowledge, no variance or local hearing is required to make this service available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to this service, which are applicable to the proposed Development.

CERTIFICATION

I certify that the foregoing information is true and correct.

<u><i>Lori Bonanno</i></u>	<u>3-26-04</u>	<u>Citrus County Utilities</u>
Signature	Date	Name of Entity Providing Service
<u>Lori Bonanno</u>		<u>1300 South Lecanto Hwy</u>
Print or Type Name Address		
<u>Review/Permitting Specialist</u>		<u>Lecanto, FL 34461</u>
Print or Type Title		
<u>352-527-7650</u>		
Telephone Number (including area code)		

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this Development and it is inappropriately signed, the Application will fail threshold.

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

LOCAL GOVERNMENT VERIFICATION THAT DEVELOPMENT IS CONSISTENT WITH ZONING AND LAND USE REGULATIONS

Name of Development: NATURE WALK

Address of Development Site: W. TURKEY OAK DR., CRYSTAL RIVER, FL 34429

Number of units (not buildings) permitted for this development site (if restricted): 62 units and/or if a PUD, the number of units (not buildings) permitted per development site: _____

or if not a PUD and development site is subject to existing special use or similar permit, number of units permitted for this development site: _____ On or before 3/31/04, the zoning designation for (Month/day/year)

the referenced Development site is LOR. The intended use is consistent with current land use regulations and the referenced zoning designation or, if the Development consists of rehabilitation, the intended use is permitted as a legally nonconforming use. To the best of my knowledge, there are no additional land use regulation hearings or approvals required to obtain the zoning classification or density described herein. Assuming compliance with the applicable land use regulations, there are no known conditions, which would preclude construction or rehabilitation (as the case may be) of the referenced Development on the proposed site.

CERTIFICATION

I certify that the City/County of CRYSTAL RIVER/CITRUS has vested in me the (Name of City/County)

authority to verify consistency with local land use regulations and the zoning designation specified above or, if the Development consists of rehabilitation, the intended use is permitted as a "legally nonconforming use" and I further certify that the information above is true and correct. In addition, if the proposed Development site is in the Florida Keys Area as defined in Rule Chapters 67-21 and 67-48, F.A.C., I further certify that the Applicant has obtained the necessary Rate of Growth Ordinance (ROGO) allocations from the local government.

Gary W. Maidhof 3/31/04 Gary W. Maidhof
Signature Date Print or Type Name
Director - Citrus Co Dept of Development Services
Print or Type Title

This certification must be signed by the applicable City's or County's Director of Planning and Zoning, chief appointed official (staff) responsible for determination of issues related to comprehensive planning and zoning, City Manager, or County Manager/Administrator/Coordinator. Signatures from local elected officials are not acceptable, nor are other signatories. If the certification is applicable to this Development and it is If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

**VERIFICATION OF ENVIRONMENTAL SAFETY
PHASE I ENVIRONMENTAL SITE ASSESSMENT**

Name of Development: NATURE WALK

Address of Development Site: W. TURKEY OAK DR., CRYSTAL RIVER, FL., 34429

As a representative of the firm that performed the Phase I Environmental Site Assessment (ESA), I certify that a Phase I ESA of the above referenced Development site was conducted by the undersigned environmental firm as of February 27, 2004
(Date of Phase I ESA)

and such Phase I ESA meets the standards of ASTM Practice #E1527-00. Check all that apply in Items 1, 2 and 3 below:

If the Phase I ESA is over 12 months old from the Application Deadline for this Application has the site's environmental condition changed since the date of the original Phase I ESA?

Yes No DOES NOT APPLY

If "Yes", answer question (1) or (2) below:

(1) Any update to the original Phase I ESA was prepared on _____ (Date of update), or

(2) A new Phase I ESA was prepared on _____ (Date of new Phase I ESA).

2. If there are one or more existing buildings on the proposed site, the Phase I ESA: **DOES NOT APPLY**
- a. Addresses the presence or absence of asbestos or asbestos containing materials (ACM) and lead based paint (LBP); or
 - b. Separate report(s) addressing the presence or absence of asbestos or asbestos containing materials and lead-based paint have been prepared and the undersigned has reviewed the separate report(s). Such separate report(s) may or may not be incorporated by reference in the Phase I ESA.
3. If the Phase I ESA discloses potential problems (including, but not limited to asbestos or asbestos containing materials, lead-based paint, radon gas, etc.) on the proposed site: **DOES NOT APPLY**
- a. Environmental safety conditions on the site require remediation and a plan that includes anticipated costs and estimated time needed to complete the remediation has been prepared, either as a part of the Phase I ESA or as a separate report.
 - b. A Phase II ESA is required or recommended (the firm that performed the Phase II ESA, even if it is the same firm that prepared the Phase I ESA MUST complete and execute the Phase II Environmental Site Assessment Verification).
 - c. Although environmental safety conditions exist on the site, no remediation or further study is required or recommended.

CERTIFICATION

I certify that the foregoing information is true and correct.

William L. Young
Authorized Signature

March 17, 2004
Date

Enviro-Resources Corporation
Name of Firm that Performed the Phase I ESA

William L. Young, Ph.D. CIH 9140 Golfside Drive Suite 3-South Jacksonville, FL. 32256

Print or Type Name of Signatory Address of Environmental Firm
Principal/President (904) 448-4066

Print or Type Title of Signatory Telephone Number Including Area Code

A representative of the firm that performed the Phase I ESA for the proposed Development site must sign this certification. If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

2004 CURE FORM

(Submit a SEPARATE form for EACH reason relative to
EACH Application Part, Section, Subsection and Exhibit)

This Cure Form is being submitted with regard to **Application No. 2004- 099H** and pertains to:

Part III Section C Subsection 3.a. Exhibit No 28 (if applicable)

The attached information is submitted in response to the 2004 Universal Scoring Summary Report because:

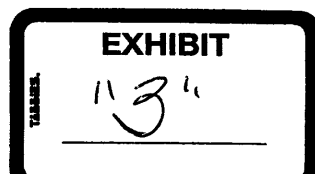
- I. Preliminary Scoring and/or NOPSE scoring resulted in the imposition of a failure to achieve maximum points, a failure to achieve threshold, and/or a failure to achieve maximum proximity points relative to the Part, Section, Subsection, and/or Exhibit stated above. Check applicable item(s) below:

	2004 Universal Scoring Summary Report	Created by:	
		Preliminary Scoring	NOPSE Scoring
<input type="checkbox"/> Reason Score Not Maxed	Item No. <u> </u> S	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Reason Failed Threshold	Item No. <u>1</u> T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reason Proximity Points Not Maxed (MMRB/SAIL/HC Applications Only)	Item No. <u> </u> P	<input type="checkbox"/>	<input type="checkbox"/>

OR

- II. Other changes are necessary to keep the Application consistent:

This revision or additional documentation is submitted to address an issue resulting from a Cure to Part Section Subsection Exhibit (if applicable).



**VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE
ELECTRICITY**

Name of Development: NATURE WALK

Address of Development Site: W. TURKEY OAK DR., CRYSTAL RIVER, FL 34429

The undersigned service provider confirms that on or before 6-1-2004 :
(month/day/year)

1. Electricity is available to the proposed Development.
2. There are no impediments to the proposed Development for obtaining electric service other than payment of hook-up or installation fees, line extensions to be paid for by the Applicant in connection with the construction of the Development, or other such routine administrative procedure.
3. To the best of our knowledge, no variance or local hearing is required to make electricity available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to electric service which are applicable to the proposed Development.

CERTIFICATION

I certify that the foregoing information is true and correct.

David Van Valkenburg 6-1-2004 PROGRESS ENERGY FLORIDA
Signature Date Name of Entity Providing Service

DAVID VAN VALKENBURGH 515 INDEPENDENCE HWY
Print or Type Name Address

SERVICE COORDINATOR INVERNESS, FL 34453
Print or Type Title

800-700-8744 / 352-563-4947
Telephone Number (including area code)

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this Development and it is inappropriately signed, the Application will fail threshold.

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

2004 CURE FORM

(Submit a SEPARATE form for EACH reason relative to
EACH Application Part, Section, Subsection and Exhibit)

This Cure Form is being submitted with regard to **Application No. 2004- 099H** and pertains to:

Part III Section C Subsection 3.b. Exhibit No 29 (if applicable)

The attached information is submitted in response to the 2004 Universal Scoring Summary Report because:

- I. Preliminary Scoring and/or NOPSE scoring resulted in the imposition of a failure to achieve maximum points, a failure to achieve threshold, and/or a failure to achieve maximum proximity points relative to the Part, Section, Subsection, and/or Exhibit stated above. Check applicable item(s) below:

	2004 Universal Scoring Summary Report	Created by:	
		Preliminary Scoring	NOPSE Scoring
<input type="checkbox"/> Reason Score Not Maxed	Item No. _____ S	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Reason Failed Threshold	Item No. <u>2</u> T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reason Proximity Points Not Maxed (MMRB/SAIL/HC Applications Only)	Item No. _____ P	<input type="checkbox"/>	<input type="checkbox"/>

OR

- II. Other changes are necessary to keep the Application consistent:

This revision or additional documentation is submitted to address an issue resulting from a Cure to Part _____ Section _____ Subsection _____ Exhibit _____ (if applicable).

REVISED

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE WATER

Name of Development: NATURE WALK


Address of Development Site: W. TURKEY OAK DR., CRYSTAL RIVER, FL 34429

The undersigned service provider confirms that on or before May 24, 2004 :
(month/day/year)

1. Potable water is available to the proposed Development.
2. There are no impediments to the proposed Development for obtaining potable water service other than payment of hook-up or installation fees, line extensions to be paid for by the Applicant in connection with the construction of the Development, or other such routine administrative procedure.
3. To the best of our knowledge, no variance or local hearing is required to make potable water available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to potable water which are applicable to the proposed Development.

CERTIFICATION

I certify that the foregoing information is true and correct.

 Signature	<u>5-24-04</u> Date	<u>Citrus County Utilities</u> Name of Entity Providing Service
<u>Lori Bonanno</u> Print or Type Name		<u>1300 South Lecanto Hwy</u> Address
<u>Review/Permitting Specialist</u> Print or Type Title		<u>Lecanto, FL 34461</u>
		<u>352-527-7650</u> Telephone Number (including area code)

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this Development and it is inappropriately signed, the Application will fail threshold.

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

2004 CURE FORM

(Submit a SEPARATE form for EACH reason relative to
EACH Application Part, Section, Subsection and Exhibit)

This Cure Form is being submitted with regard to **Application No. 2004-** 099H and
pertains to:

Part III Section C Subsection 3.c. Exhibit No 30 (if applicable)

The attached information is submitted in response to the 2004 Universal Scoring Summary
Report because:

- I. Preliminary Scoring and/or NOPSE scoring resulted in the imposition of a failure to
achieve maximum points, a failure to achieve threshold, and/or a failure to achieve
maximum proximity points relative to the Part, Section, Subsection, and/or Exhibit
stated above. Check applicable item(s) below:

	2004 Universal Scoring Summary Report	Created by:	
		Preliminary Scoring	NOPSE Scoring
<input type="checkbox"/> Reason Score Not Maxed	Item No. _____ S	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Reason Failed Threshold	Item No. <u>3</u> T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reason Proximity Points Not Maxed (MMRB/SAIL/HC Applications Only)	Item No. _____ P	<input type="checkbox"/>	<input type="checkbox"/>

OR

- II. Other changes are necessary to keep the Application consistent:

This revision or additional documentation is submitted to address an issue resulting
from a Cure to Part _____ Section _____ Subsection _____ Exhibit _____ (if
applicable).

REVISED

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE SEWER CAPACITY, PACKAGE TREATMENT, OR SEPTIC TANK

Name of Development: NATURE WALK

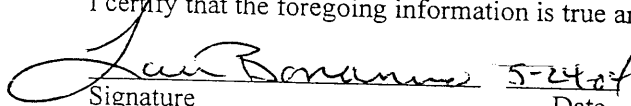
Address of Development Site: W. TURKEY OAK DR., CRYSTAL RIVER, FL 34429

The undersigned service provider or permitting authority confirms that on or before May 24, 2004
(month/day/year)

1. Sewer Capacity, Package Treatment, or Septic Tank is available to the proposed Development.
2. There are no impediments to the proposed Development for obtaining the specified waste treatment service other than payment of hook-up or installation fees, line extensions to be paid for by the Applicant in connection with the construction of the Development, or other such routine administrative procedure.
3. To the best of our knowledge, no variance or local hearing is required to make this service available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to this service, which are applicable to the proposed Development.

CERTIFICATION

I certify that the foregoing information is true and correct.

	<u>5-24-04</u>	<u>Citrus County Utilities</u>
Signature	Date	Name of Entity Providing Service
<u>Lori Bonanno</u>		<u>1300 South Lecanto Hwy</u>
Print or Type Name		Address
<u>Review/Permitting Specialist</u>		<u>Lecanto, FL 34461</u>
Print or Type Title		
	<u>352-527-7650</u>	
	Telephone Number (including area code)	

This certification may not be signed by the Applicant, by any related parties of the Applicant, or by any Principals or Financial Beneficiaries of the Applicant. In addition, signatures from local elected officials are not acceptable. If the certification is applicable to this Development and it is inappropriately signed, the Application will fail threshold.

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

2004 CURE FORM

(Submit a SEPARATE form for EACH reason relative to
EACH Application Part, Section, Subsection and Exhibit)

This Cure Form is being submitted with regard to Application No. 2004- 099H and pertains to:

Part III Section C Subsection 3.d. Exhibit No 31 (if applicable)

The attached information is submitted in response to the 2004 Universal Scoring Summary Report because:

- I. Preliminary Scoring and/or NOPSE scoring resulted in the imposition of a failure to achieve maximum points, a failure to achieve threshold, and/or a failure to achieve maximum proximity points relative to the Part, Section, Subsection, and/or Exhibit stated above. Check applicable item(s) below:

	2004 Universal Scoring Summary Report	Created by:	
		Preliminary Scoring	NOPSE Scoring
<input type="checkbox"/> Reason Score Not Maxed	Item No. _____ S	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Reason Failed Threshold	Item No. <u>4</u> T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reason Proximity Points Not Maxed (MMRB/SAIL/HC Applications Only)	Item No. _____ P	<input type="checkbox"/>	<input type="checkbox"/>

OR

- II. Other changes are necessary to keep the Application consistent:

This revision or additional documentation is submitted to address an issue resulting from a Cure to Part _____ Section _____ Subsection _____ Exhibit _____ (if applicable).

2004 CURE FORM

(Submit a SEPARATE form for EACH reason relative to
EACH Application Part, Section, Subsection and Exhibit)

This Cure Form is being submitted with regard to Application No. 2004- 099H and pertains to:

Part III Section C Subsection 4 Exhibit No 32 (if applicable)

The attached information is submitted in response to the 2004 Universal Scoring Summary Report because:

- I. Preliminary Scoring and/or NOPSE scoring resulted in the imposition of a failure to achieve maximum points, a failure to achieve threshold, and/or a failure to achieve maximum proximity points relative to the Part, Section, Subsection, and/or Exhibit stated above. Check applicable item(s) below:

	2004 Universal Scoring Summary Report	Created by:	
		Preliminary Scoring	NOPSE Scoring
<input type="checkbox"/> Reason Score Not Maxed	Item No. _____ S	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Reason Failed Threshold	Item No. <u>5</u> T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reason Proximity Points Not Maxed (MMRB/SAIL/HC Applications Only)	Item No. _____ P	<input type="checkbox"/>	<input type="checkbox"/>

OR

- II. Other changes are necessary to keep the Application consistent:

This revision or additional documentation is submitted to address an issue resulting from a Cure to Part _____ Section _____ Subsection _____ Exhibit _____ (if applicable).

REVISED

LOCAL GOVERNMENT VERIFICATION THAT DEVELOPMENT IS CONSISTENT WITH ZONING AND LAND USE REGULATIONS

Name of Development: Nature Walk

Address of Development Site: W Turkey Oak Dr. Crystal River, FL 34429

Number of units (not buildings) permitted for this development site (if restricted): 62 units

and/or if a PUD, the number of units (not buildings) permitted per development site:

or if not a PUD and development site is subject to existing special use or similar permit, number of units permitted for this development site:

On or before 3/31/04, the zoning designation for the referenced Development site is LDR

The intended use is consistent with current land use regulations and the referenced zoning designation or, if the Development consists of rehabilitation, the intended use is permitted as a legally non-conforming use. To the best of my knowledge, there are no additional land use regulation hearings or approvals required to obtain the zoning classification or density described herein. Assuming compliance with the applicable land use regulations, there are no known conditions which would preclude construction or rehabilitation (as the case may be) of the referenced Development on the proposed site.

CERTIFICATION

I certify that the City/County of Crystal River/Citrus has vested in me the

authority to verify consistency with local land use regulations and the zoning designation specified above or, if the Development consists of rehabilitation, the intended use is permitted as a "legally non-conforming use" and I further certify that the information above is true and correct. In addition, if the proposed Development site is in the Florida Keys Area as defined in Rule Chapters 67-21 and 67-48, F.A.C., I further certify that the Applicant has obtained the necessary Rate of Growth Ordinance (ROGO) allocations from the local government.

Signature: Gary W. Mairhof, Date: 3/31/04

Print or Type Name: Gary W. Mairhof

Print or Type Title: Director - Citrus Co Dept of Development Services

This certification must be signed by the applicable City's or County's Director of Planning and Zoning, chief appointed official (staff) responsible for determination of issues related to comprehensive planning and zoning, City Manager, or County Manager/Administrator/Coordinator. Signatures from local elected officials are not acceptable, nor are other signatories. If the certification is applicable to this Development and it is inappropriately signed, the Application will fail threshold.

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

2004 CURE FORM

(Submit a SEPARATE form for EACH reason relative to
EACH Application Part, Section, Subsection and Exhibit)

This Cure Form is being submitted with regard to Application No. 2004- 099H and pertains to:

Part III Section C Subsection 5 Exhibit No 33 (if applicable)

The attached information is submitted in response to the 2004 Universal Scoring Summary Report because:

- I. Preliminary Scoring and/or NOPSE scoring resulted in the imposition of a failure to achieve maximum points, a failure to achieve threshold, and/or a failure to achieve maximum proximity points relative to the Part, Section, Subsection, and/or Exhibit stated above. Check applicable item(s) below:

	2004 Universal Scoring Summary Report	Created by:	
		Preliminary Scoring	NOPSE Scoring
<input type="checkbox"/> Reason Score Not Maxed	Item No. _____ S	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Reason Failed Threshold	Item No. <u>6</u> T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reason Proximity Points Not Maxed (MMRB/SAIL/HC Applications Only)	Item No. _____ P	<input type="checkbox"/>	<input type="checkbox"/>

OR

- II. Other changes are necessary to keep the Application consistent:

This revision or additional documentation is submitted to address an issue resulting from a Cure to Part _____ Section _____ Subsection _____ Exhibit _____ (if applicable).

REVISED

VERIFICATION OF ENVIRONMENTAL SAFETY
PHASE I ENVIRONMENTAL SITE ASSESSMENT

Name of Development: NATURE WALK

Address of Development Site: W. TURKEY OAK DR., CRYSTAL RIVER, FL 34429

As a representative of the firm that performed the Phase I Environmental Site Assessment (ESA), I certify that a Phase I ESA of the above referenced Development site was conducted by the undersigned environmental firm as of February 27, 2004 and (Date of Phase I ESA)

such Phase I ESA meets the standards of ASTM Practice #E1527-00. Check all that apply in Items 1, 2 and 3 below:

1. If the Phase I ESA is over 12 months old from the Application Deadline for this Application has the site's environmental condition changed since the date of the original Phase I ESA?

Yes No Does Not Apply

If "Yes", answer question (1) or (2) below:

(1) an update to the original Phase I ESA was prepared on _____ (Date of update), or

(2) a new Phase I ESA was prepared on _____ (Date of new Phase I ESA).

2. If there are one or more existing buildings on the proposed site, the Phase I ESA: Does Not Apply

a. addresses the presence or absence of asbestos or asbestos containing materials (ACM) and lead based paint (LBP); or

b. separate report(s) addressing the presence or absence of asbestos or asbestos containing materials and lead-based paint have been prepared and the undersigned has reviewed the separate report(s). Such separate report(s) may or may not be incorporated by reference in the Phase I ESA.

3. If the Phase I ESA discloses potential problems (including, but not limited to asbestos or asbestos containing materials, lead-based paint, radon gas, etc.) on the proposed site: Does Not Apply

a. environmental safety conditions on the site require remediation and a plan that includes anticipated costs and estimated time needed to complete the remediation has been prepared, either as a part of the Phase I ESA or as a separate report.

b. a Phase II ESA is required or recommended (the firm that performed the Phase II ESA, even if it is the same firm that prepared the Phase I ESA MUST complete and execute the Phase II Environmental Site Assessment Verification).

c. although environmental safety conditions exist on the site, no remediation or further study is required or recommended.

CERTIFICATION

I certify that the foregoing information is true and correct.

William J. Young March 17, 2004
Authorized Signature Date

Enviro-Resources Corporation
Name of Firm that Performed the Phase I ESA

William L. Young, Ph.D., CIH
Print or Type Name of Signatory

9140 Golfside Drive, Suite 3-South
Address of Environmental Firm Jacksonville, FL 32256

Principal/President
Print or Type Title of Signatory

904 448-4066
Telephone Number Including Area Code

This certification must be signed by a representative of the firm that performed the Phase I ESA for the proposed Development site. If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the Application will fail to meet threshold and will be rejected. The certification may be photocopied.

Owner: Bird Ina Tree Consulting

To Whom it may concern

My name is Stephen Palm. I am a computer consulting professional with a business in Hernando county. I have a degree in Computer Science from Clarkson University of Potsdam NY. I also have over 15 years of experience in the computer industry. From programming Head Mounted Display interface software for Forte Inc. to network management for Corning Inc. to currently owning a consulting business. I have developed

professional websites and have also taught HTML in a university environment.

I have recently been requested to write this letter in support of Florida Low Income Housing Association regarding a document they downloaded from the Florida Housing website. This document in question is referred to as "Verification of the Availability of Infrastructure Water". The document was downloaded from www.floridahousing.org in Microsoft Word™ document format. It is commonly known that the Microsoft

Word™ document format is not a persistent format. In other words a Microsoft Word™ document is not guaranteed to preserve formatting from computer to computer. This is why it is not commonly used for applications requiring persistent formatting from computer to computer. This is clearly evidenced by the fact that the website which had the document in question now only has Adobe Acrobat™ PDF formatted documents.

So in my opinion by allowing the document to be placed on the website for download in Microsoft Word™ format, there was no expectation that the formatting of the document would be preserved once downloaded. In addition there was also no reference for Mr. Wilson to know that the formatting of the document was other than what was originally intended.

Sincerely

Stephen Palm

Owner:

Bird Ina Tree Consulting

Brooksville Florida

