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

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. <u>Agency</u>: 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. <u>Petitioner's Representative and Substantial Interest</u>: 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) <u>Petitioner</u>:

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

Fax: (352) 726-1130

b) <u>Petitioner's Representative</u>:

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

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 it's 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. <u>Statement of Disputed Facts</u>:

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. <u>Relief Requested</u>:

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.

Bryce W. Ackerman

Fla. Bar No. 263117

125 NE 1 Avenue, Ste. 1

Ocala, FL 34470

(352) 732-8121

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE ELECTRICITY

Name of Development: NATU	JRE WALK_	
Address of Development Site: W. 7	TURKEY OA	K DR., CRYSTAL RIVER, FL 34429
The undersigned service provider co	onfirms that o	n or before .
Applicant in connection with the conadministrative procedure. 3. To the best of our knowledge, no available to the proposed Developm	proposed Devinstallation feet instruction of the variance or literat.	velopment for obtaining electric service s, line extensions to be paid for by the he Development, or other such routine ocal hearing is required to make electricity
	CERTIFIC	ATION
I certify that the foregoing informati	ion is true and	correct.
Signature	Date	Name of Entity Providing Service
Print or Type Name Address		
Print or Type Title		•
are not acceptable. If the certification is the Application will fail threshold. If this	the Applicant, be the Applicant. I applicable to the secretification of	by any related parties of the Applicant, or by any in addition, signatures from local elected officials as Development and it is inappropriately signed, contains corrections or 'white-out', or if it is will fail to meet threshold and will be rejected. The
JA1016 (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
1. Potable water is available to the proposed Development. (Month/day/year)
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
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 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.
f 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.
JA1016 (Rev. 3-04) Exhibit

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

Name of Developm	ent: 1	NATURE WALF	<u> </u>
Address of Develop The undersigned se : (Month/day/year)	oment Site: <u>W</u> rvice provide	V. TURKEY OA er or permitting a	K DR., CRYSTAL RIVER, FL 34429 authority confirms that on or before
2. There are no impusate treatment ser extensions to be paid Development, or of 3. To the best of our service available to	pediments to a vice other that id for by the her such router knowledge the proposed in knowledge.	the proposed Devan payment of ho Applicant in contine administrative, no variance or 1 Development. there are no mo	local hearing is required to make this
		CERTIFIC	CATION
I certify that the for	egoing inform	mation is true and	d correct.
Signature		Date	Name of Entity Providing Service
Print or Type Name	Address		
Print or Type Title			
Telephone Number	(including ar	ea code)	
rimerpais of rimancia	the certification	OI the Applicant	by any related parties of the Applicant, or by any In addition, signatures from local elected officials his Development and it is inappropriately signed,
If this certification con Application will fail to	ntains correction meet thresho!	ons or 'white-out', ld and will be rejec	or if it is scanned, imaged, altered, or retyped, the certification may be photocopied.

UA1016 (Rev. 3-04) Exhibit _____

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE ROADS

Name of Development:	NATURE WALF	
Address of Development Site	: W. TURKEY OA	K DR., CRYSTAL RIVER, FL 34429
The undersigned local govern	nment representative	confirms that on or before
		(Month/day/year)
1. Existing paved roads prov will be constructed as part of	ide access to the pro the proposed Devel	oposed Development or paved roads lopment.
2. There are no impediments payment of impact fees or pro	to the proposed Devoviding curb cuts, to	velopment using the roads other than urn lanes, or signalization.
3. To the best of our knowled roads to be available to the property of the pro	lge, no variance or roposed Developme	local hearing is required for these
4. To the best of our knowled which are applicable to the property of the prop	lge, there are no mo roposed Developmen	oratoriums pertaining to road usage nt.
	CERTIFIC	CATION
I certify that the foregoing	information is true	e and correct.
Signature	Date	Name of Local Government
Print or Type Name Address		
Print or Type Title		
P. 1		
Telephone Number (including	garea code)	
	ation is applicable to the	by any related parties of the Applicant, or by any In addition, signatures from local elected officials his Development and it is inappropriately signed,
f this certification contains corre Application will fail to meet thres	ections or 'white-out', shold and will be rejec	or if it is scanned, imaged, altered, or retyped, the ted. The certification may be photocopied.
JA1016 (Rev. 3-04) Exhibit	_	

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:
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*) 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
(Legally Authorized Body*) 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, Cit 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.
UA1016 (Rev. 3-04) Exhibit

VERIFICATION OF ENVIRONMENTAL SAFETY PHASE I ENVIRONMENTAL SITE ASSESSMENT

Name o	f Development:	NATURE V	WALK			
Address	of Developmen	Site: W. TURKE	Y OAK DR., CR	YSTAL RIVER, FL 34429)	
As a rep above re	presentative of the eferenced Develo	e firm that perform pment site was con	ned the Phase I Er nducted by the un	nvironmental Site Assessme dersigned environmental fi	ent (ESA), I certify that a Prm as of	hase I ESA of th
and suc	h Phase I ESA m	eets the standards	of ASTM Practic	e #E1527-00. Check all tha	(Date of Ph at apply in Items 1, 2 and 3	ase I ESA) below:
1.	If the Phase	ESA is over 12 m	nonths old from th		this Application has the s	
	Yes	No				
	If "Yes", ans	wer question (1) or	r (2) below:			
.•	(1)	AnYE update to t	he original Phase	I ESA was prepared on	(Date of	f update), or
	(2)	A new Phase I ES	SA was prepared of	on	(Date of new Phase	I ESA).
2.	If there are o	ne or more existin	g buildings on the	e proposed site, the Phase I	ESA:	
	a. Addresses or	the presence or ab	sence of asbestos	or asbestos containing mat	terials (ACM) and lead bas	ed paint (LBP);
	pami nave be	eport(s) addressing en prepared and the prated by reference	e undersigned has	reviewed the senarate ren	stos containing materials an ort(s). Such separate report	nd lead-based t(s) may or may
3.	icau-baseu pa	unt, radon gas, etc.	.) on the proposed	l site:	o asbestos or asbestos contr	
_	a. Environme estimated tim separate repo	e needed to comple	ons on the site receive the remediation	quire remediation and a pla on has been prepared, either	n that includes anticipated ras a part of the Phase I E	costs and SA or as a
	c. Although e	me Phase I ESA N nvironmental safet	AUSI complete a	nd execute the Phase II En	Phase II ESA, even if it is vironmental Site Assessment or further study is require	nt Verification)
	recommended	•			a sa sa and olday to loquit	5 4 01
			CER	RTIFICATION		
I certify	that the foregoin	ig information is tr	rue and correct.			
Authori	zed Signature	-	Date	Name of Firm that Pe	erformed the Phase I ESA	
Print or	Type Name of S	ignatory Address (of Environmental	Firm		
Print or	Type Title of Si	gnatory Telephone	Number Includin	ag Area Code		
001 111100	cion contams con	rm that performed rections or 'white- ected. The certifica	out, or it it is sca	anned imaged altered or	nent site must sign this cer retyped, the Application w	tification. If this
	(Rev. 3-04) Ex		or phot			

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 $3-79-04$:
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 Legitify that the foregoing information
I certify that the foregoing information is true and correct 3-2') - VALRESS ENERLY TO
Date Name of Entity Providing Service
SECULCE COLO.
Print or Type Title 3
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 'wnite-out', or if it is certification may be photocopied. The certification may be photocopied.

EXHIBIT

1 2"

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE WATER

Name of Development:NATURE W	'ALK
Address of Development Site: W. TURKEY	OAK DR., CRYSTAL RIVER, FL 34429
3. To the best of our knowledge, no variance available to the proposed Development.	(Month/day/year) Development. Development for obtaining potable
CERTI	FICATION
I certify that the foregoing information is true	and correct.
Land Bonume 326 if	Citrus County Utilities
Signature Date Lori Bonanno	Name of Entity Providing Service
Print or Type Name Address	
Review/Permitting Specialist	Lecanto, FL 34461
Print or Type Title	31101
352-527-7650	
Telephone Number (including area code)	
This cortification	

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 2.9

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

Name of Devel	opment:	NATURE WALE	K	
Address of Dev The undersigne 3/26/04 : (Month/day/year)	d service prov	e: W. TURKEY OA vider or permitting 2	K DR., CRYSTA authority confirms	L RIVER, FL 34429 that on or before

- 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.
June Danne 3.21	Citrus County Utilities
Signature	Date Name of Entity Providing Service
Lori Bonanno	1300 South Lecanto Hwy
Print or Type Name Address	
Review/Permitting Specialist	Lecanto, FLL 34461 Es
Print or Type Title	
352-527-7650	avis summer de la Marie de la
Telephone Number (including area cod	le),

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 __30___

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE ROADS

Name of Development: NATURE WALK
Address of Development Site: W. TURKEY OAK DR., CRYSTAL RIVER, FL 34429
The undersigned local government representative confirms that on or before 3/30/04:
1. Existing paved roads provide access to the proposed Development or paved roads will be constructed as part of the proposed Development.
2. There are no impediments to the proposed Development using the roads other than payment of impact fees or providing curb cuts, turn lanes, or signalization.
3. To the best of our knowledge, no variance or local hearing is required for these roads to be available to the proposed Development.
4. To the best of our knowledge, there are no moratoriums pertaining to road usage which are applicable to the proposed Development.
CERTIFICATION (Turkey Oak Drive Only) I certify that the foregoing information is true and correct. 3/31/04 Citrus County Board of County Commissioner
Signature Date Name of Local Government
3600 W. Sovereign Path, Ste. 241, Lecanto, FL 34461 Print or Type Name Address
County Engineer Print or Type Title
(352)527-5446 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.
JA1016 (Rev. 3-04) Exhibit

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 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. Signature Director - Citys 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.
UA1016 (Rev. 3-04) Exhibit

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).
 If there are one or more existing buildings on the proposed site, the Phase I ESA: DOES NOT APPLY Addresses the presence or absence of asbestos or asbestos containing materials (ACM) and lead based paint (LBP); or 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. 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 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 Q. Workey March 17, 2004 Enviro-Resources Corporation Authorized Signature Date 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 confidence. If this

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

2004 CURE FORM

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

Part I The atta	ached information is submibecause:	section 3.a. Exhibit N		
X 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	Creat	ed by:
		Scoring Summary	Preliminary	NOPSE
	□ D	Report	Scoring	Scoring
	Reason Score Not Maxed	Item No S		
	X Reason Failed Threshold	Item No. 1 T	X	
	Reason Proximity Points Not Maxed (MMRB/SAIL/HC Applications Only)	Item No P		
T f	Other changes are necessar This revision or additional rom a Cure to Part pplicable).	documentation is subm	itted to address an is	ssue resulting t (if

Brief Statement of Explanation regarding Application No. 2004 - __оээн_

Provide a separate brief statement for each Cure or NOAD

Revise verification of availability of
Infrastructure-electricity to correct improper exhibit
form that was originally submitted.

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE **ELECTRICITY**

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

Name of Development: NATURE WALK

The undersign	gned service provider confirms that on or before 6-1-2004:
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.
Signature	Date Name of Entity Providing Service
rim or Type	Name 515 INDEPENDENCE HWY
SERVICE Print or Type	Coordinator INVERNESS, FL 34453
	800-700-8744 /352-563-494
	Telephone Number (including area code)
	deneficiaries 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

If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the

Exhibit ____

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 Copertain	ure Form is being submitted s to:	d with regard to App	lication No. <u>2004-</u>	099H and
Part _I	II Section <u>C</u> Subs	section <u>3.b.</u> Exhibit	No 29 (if applicab	ele)
The atta	ached information is submit because:			
X I.	Preliminary Scoring and achieve maximum proximity poi stated above. Check appl	s, a failure to achiev nts relative to the P	e threshold and/or a	failure to achieve
		2004 Universal Scoring Summary Report	Creat Preliminary Scoring	NOPSE Scoring
	Reason Score Not Maxed	Item No S		~ []
	Reason Failed Threshold	Item No. 2 T	X	
	Reason Proximity Points Not Maxed (MMRB/SAIL/HC Applications Only)	Item NoP		
		OR		
II.	Other changes are necessar	y to keep the Applica	tion consistent:	
Í	This revision or additional documentation is submitted to address an issue resulting from a Cure to Part Section Subsection Exhibit (if applicable).			

Brief Statement of Explanation regarding Application No. 2004 - _____

Provide a separate brief statement for each Cure or NOAD

Revise verification of availability of
Infrastructure - water to correct improper exhibit that was
originally submitted.

REVISED

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE

WATER

Name of Develo	opment: NATURE WALK				
Address of Dev	elopment Site: W. TURKEY	OAK DR., CRYSTAL RIVER, FL 34429			
The undersigned	d service provider confirms that	on or before May 24, 2004 ::			
1.	Potable water is available to	o the proposed Development.			
2.	be paid for by the App	s to the proposed Development for obtaining potable yment of hook-up or installation fees, line extensions to plicant in connection with the construction of the a routine administrative procedure.			
3.					
4.	To the best of our knowledge	ge, there are no moratoriums pertaining to potable to the proposed Development.			
1		TIFICATION			
I certify that the	foregoing information is true ar	nd correct.			
Signature	<u>5-24-0√</u> Date	Citrus County Utilities Name of Entity Providing Service			
Lori Bonanno Print or Type N		1300 South Lecanto Hwy Address			
Review/Permi Print or Type Ti	tting Specialist	Lecanto, FL 34461			
		352-527-7650			
		Telephone Number (including area code)			
This certification	may not be signed by the Applican	t, by any related parties of the Applicant, or by any Principals			

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 _____

2004 CURE FORM

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

This perta	Cure Form is being submittedins to:	d with regard to Appli	cation No. <u>2004-</u>	099н and	
Part_	III Section C Subs	section 3.c. Exhibit N	30 No (if applicab	ile)	
The a	The attached information is submitted in response to the 2004 Universal Scoring Summary Report because:				
. X I	X 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	Creat	ed by:	
		Scoring Summary Report	Preliminary Scoring	NOPSE	
	Reason Score Not Maxed	Item No S		Scoring	
	Reason Failed Threshold	Item No3 T	X		
	Reason Proximity Points Not Maxed (MMRB/SAIL/HC Applications Only)	Item No P			
		OR			
II.	Other changes are necessar	y to keep the Application	on consistent:		
	This revision or additional from a Cure to Partapplicable).	documentation is subm	aitted to address an is	ssue resulting t(if	

REVISED

VERIFICATION OF AVAILABILITY OF INFRASTRUCTURE

SEWER CAPACITY, PACKAGE TREATMENT, OR SEPTIC TANK

Name of Development: <u>NATURE WALK</u>

Address of De	velopment Site: W. TURKEY (DAK DR., CRYSTAL RIVER, FL 34429
The undersigned	ed service provider or permitting	authority confirms that on or before May 24, 2004 (month/day/year)
1.	Sewer Capacity, Package Treats Development.	ment, or Septic Tank is available to the proposed
2.	waste deather service other	the proposed Development for obtaining the specified than payment of hook-up or installation fees, line e Applicant in connection with the construction of the tine administrative procedure.
3.	To the best of our knowledge, service available to the propose	no variance or local hearing is required to make at:
4.	To the best of our knowledge, which are applicable to the prop	, there are no moratoriums pertaining to this service, posed Development.
T 40 1		TIFICATION
I certify that th	e foregoing information is true an	d correct.
Signature	Someon 5-24 of Date	Citrus County Utilities Name of Entity Providing Service
Lori Bonar		1300 South Lecanto Hwy
Print or Type N	lame	Address
Review/Perm Print or Type	itting Specialist	Lecanto, FL 34461
		352-527-7650
This certification	mount have a state of the state	Telephone Number (including area code)
or Financial Ben If the certification threshold.	may not be signed by the Applicant eficiaries of the Applicant. In addition is applicable to this Development	, by any related parties of the Applicant, or by any Principals on, signatures from local elected officials are not acceptable. It and it is inappropriately signed, the Application will fail

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.

UA 1016 (Rev. 3-04)

Exhibit	

Brief Statement of Explanation regarding Application No. 2004 - ______

Provide a separate brief statement for each Cure or NOAD

Revise verification of availability of

Infrastructure - sewer capacity to correct improper exhibit
form that was orginally submitted.
· · · · · · · · · · · · · · · · · · ·

2004 CURE FORM

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

This perta	Cure Form is being submitted ins to:	d with regard to Applic	cation No. <u>2004-</u>	099н and
Part_	III Section <u>C</u> Sub	section 3.d. Exhibit N	lo ^{3]} (if applicab	Je)
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 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 Exh. stated above. Check applicable item(s) below:			tion of a failure to failure to achieve on, and/or Exhibit	
		2004 Universal	Create	ed by:
		Scoring Summary Report	Preliminary Scoring	NOPSE
	Reason Score Not Maxed	- Item No S	Scoring	Scoring
	X Reason Failed Threshold	Item No T	X	
	Reason Proximity Points Not Maxed (MMRB/SAIL/HC Applications Only)	Item NoP		
		OR		
II.	Other changes are necessar. This revision or additional from a Cure to Part applicable).	documentation is subm	itted to addrage as in	sue resulting

Brief Statement of Explanation regarding Application No. 2004 - __оээн_

Provide a separate brief statement for each Cure or NOAD

1 Tovide a separate offer statement for each cure of mora
Revise verification of availability of
Infrastructure - roads to correct improper exhibit
form that was originally submitted.
•

2004 CURE FORM

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

Part III Section C Subsection 4 Exhibit No 32 (if applicable) The attached information is submitted in response to the 2004 Universal Scoring Summa Report because:	and
The attached information is submitted in response to the 2004 Universal Scoring Summa Report because:	
TXT	ry
Preliminary Scoring and/or NOPSE scoring resulted in the imposition of a sachieve maximum points, a failure to achieve threshold, and/or a failure to maximum proximity points relative to the Part, Section, Subsection, and/or stated above. Check applicable item(s) below:	failure to achieve Exhibit
2004 Universal Created by: Scoring Summary Preliminary NO	000
Report Scoring Scori	
Reason Score Not Maxed Item No S	
X Reason Failed Threshold Item No T X	
Reason Proximity Points Not Maxed (MMRB/SAIL/HC Applications Only)	
OR	
II. Other changes are necessary to keep the Application consistent:	
This revision or additional documentation is submitted to address an issue resulti from a Cure to Part Section Subsection Exhibit applicable).	ng (if

Brief Statement of Explanation regarding Application No. 2004 - ____

Provide a separate brief statement for each Cure or NOAD To revise Local Government Verification that Development is consistent with zoning and land use regulations to correct improper exhibit form that was originally submitted.

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 unit/ 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 permit for this development site:	itted
On or before $\frac{3/31/07}{\text{(month/day/year)}}$, the zoning designation for the referenced Development site is $\frac{LDR}{}$.	
The intended use is consistent with current land use regulations and the referenced zoning design or, if the Development consists of rehabilitation, the intended use is permitted as a legally conforming use. To the best of my knowledge, there are no additional land use regulation hearing approvals required to obtain the zoning classification or density described herein. Assu compliance with the applicable land use regulations, there are no known conditions which we preclude construction or rehabilitation (as the case may be) of the referenced Development of proposed site.	non- ngs or nming
CERTIFICATION	
I certify that the City County of Crystal River Citrus has vested in me the (Name of City/County) has vested in me the authority to verify consistency with local land use regulations and the zoning designation spec above or, if the Development consists of rehabilitation, the intended use is permitted as a "legally conforming use" and I further certify that the information above is true and correct. In addition, proposed Development site is in the Florida Keys Area as defined in Rule Chapters 67-21 and 6 F.A.C., I further certify that the Applicant has obtained the necessary Rate of Growth Ordin (ROGO) allocations from the local government.	non- if the 7-48, nance
Signature 3/31/04 Gary W. Maidhof Print or Type Name	
Date Print or Type Name	
Print or Type Title	t Jervices
This certification must be signed by the applicable City's or County's Director of Planning and Zoning, 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 acceptable, nor are other signatories. If the certification is applicable to this Development and inappropriately signed, the Application will fail threshold.	oning,

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 ____

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 pertains to:	l with regard to Applic	cation No. 2004-	099 Н and
Part <u>III</u> Section <u>C</u> Subs	ection 5 Exhibit N	Jo 33 (if applicab	le)
The attached information is submit Report because:			•
X I. Preliminary Scoring and/achieve maximum points maximum proximity points stated above. Check applied	nts relative to achieve	throohald - 1/	C '1
	2004 Universal		ed by:
	Scoring Summary Report	Preliminary Scoring	NOPSE Scoring
Reason Score Not Maxed	Item No S		Scoring
Reason Failed Threshold	Item No. 6 T	X	. П
Reason Proximity Points Not Maxed (MMRB/SAIL/HC Applications Only)	Item No P		:
	OR		,
II. Other changes are necessar	y to keep the Application	on consistent:	
This revision or additional of from a Cure to Part	documentation is subm	itted to address an is	ssue resulting
applicable).		Exitor:	

Brief Statement of Explanation regarding Application No. 2004 - _____

 $\label{eq:provide} Provide a separate brief statement for each Cure or NOAD \\ Revise verification of Environment Safety Phase I$

Environmental Site Assessment	Exhibit	to	correct	improper	exhibit	form
that was orginally submitted.						
			, t and the contract of the co			
				· · · · · · · · · · · · · · · · · · ·		
		-		·		
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			<u> </u>		·	
						

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 abreferenced Development site was conducted by the undersigned environmental firm as of February 37, 2004 and	ove
(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 conchanged since the date of the original Phase I ESA?	ndition
☐ 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	
(Date of new Phase I ESA).	
2. If there are one or more existing buildings on the proposed site, the Phase I ESA: Docs 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 peen 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.	paint have be
3. If the Phase I ESA discloses potential problems (including, but not limited to asbestos or asbestos containing materials, lead-to-paint, radon gas, etc.) on the proposed site:	based
a. environmental safety conditions on the site require remediation and a plan that includes anticipated costs and esting time needed to complete the remediation has been prepared, either as a part of the Phase I ESA or as a separate re	nated
b. a Phase II ESA is required or recommended (the firm that performed the Phase II ESA, even if it is the same fin 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 recomme	
CERTIFICATION	
I certify that the foregoing information is true and correct.	
Authorized Signature Date Name of Firm that Performed the Phase I ESA	J
Print or Type Name of Signatory Print or Type Name of Signatory Address of Environmental Firm Jacksun ville C7L 32	
Principal / President Print or Type Title of Signatory Telephone Number Letter 1992	166

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.

UA1016 (Rev. 3-04)

Exhibit _____

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^M 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 that what was originally intended.

Sincerely

Stephen Palm

Owner:

Bird Ina Tree Consulting

Brooksville Florida

