

To be completed by DOT

Drainage Connection Permit No. _____ Date _____

Received By _____ Maintenance Unit _____

State Road No. _____ Work Program Project No. _____

Section No. _____ Construction Project No. _____

Milepost _____ Station _____

Instructions for Drainage Connection Permit

Pursuant to 14-86.004(6), F.A.C. "The Drainage Connection Permit form serves as the application. Once approved by the Department, the form and supporting documents become the Drainage Connection Permit."

The applicant shall submit four completed permit packages with original signatures. Each package shall include all required attachments. All required signed and sealed plans and supporting documentation shall be submitted on no larger than (11" X 17") multipurpose paper, unless larger plan sheets are requested by the reviewer. The package will include the following items. If an item does not apply to your project, indicate "Not Applicable" or "N/A."

| Included | Part | Title | Completed by: | Special Instructions |
|----------|------------|--|-----------------------|---|
| | 1 | Permit Information Sheet | Applicant | |
| | 2 | Certification by a Licensed Professional | Licensed Professional | Signed and Sealed |
| | 3 | Certification | Applicant | Signature |
| | 4 | Owner's Authorization of a Representative | Owner | Signature |
| | 5 | Affidavit of Ownership or Control and Statement of Contiguous Interest | Owner | Signature |
| | 6 | Permit General Conditions | FDOT | |
| | 7 | Permit Special Conditions | FDOT | |
| | 8 | As-Built Certification | Licensed Professional | Signed and Sealed – Submit within 15 working days of completion of construction |
| | Attachment | Legal Description | | |
| | Attachment | Photographs of Existing Conditions | | |
| | Attachment | Location Map | | |
| | Attachment | Grading Plan | Licensed Professional | Signed and Sealed |
| | Attachment | Soil Borings | | |
| | Attachment | Water Table / Percolation | | |
| | Attachment | Calculations | | |
| | Attachment | CD with Electronic Files of all Submittal Items | | Scanned Images in pdf format |

Note: Different Licensed Professionals may complete parts of the permit package. For example the Licensed Professional signing and sealing the as-built certification may be different from the Licensed Professional who signed and sealed the calculations for the permit package.

EXCEPTIONS: Activities that qualify for an Exception are listed in Rule 14-86, F.A.C. A permit application to the Department is NOT required. However, if you desire verification whether the work qualifies for an exception, send a completed copy of this permit package with its requested information to the applicable FDOT District Office.

PART 1 – Permit Information Sheet

Select one: Permit Exception

Pursuant to 14-86.002(2), F.A.C. "Applicant means the owner of the adjacent property or the owner's authorized representative."

Applicant

Select one: Property Owner Owner's Representative (Complete Part 4)

Name: Rahim Harji, P.E.

Title and Company: Director, Pinellas County Public Works Department

Address: 22211 US Highway 19 North

City: Clearwater State: FL Zip: 33765

Telephone: (727) 464-8760 FAX: _____ Email: rharji@pinellascounty.org

Property Owner (If not applicant)

Name: _____

Title and Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____ Email: _____

Applicant's Licensed Professional

Name: Caroline Cation Smith Florida License Number: 69880

Title and Company: Sr. Engineer / Atkins North America, Inc.

Address: 4030 West Boy Scout Boulevard, Suite 700

City: Tampa State: FL Zip: 33607

Telephone: 813-281-8326 FAX: 813-282-8155 Email: caroline.cationsmith@atkinsglobal.com

Project Information:

Project Name: S.R. 590 (NE Coachman Road) at C.R. 535 (Old Coachman Road) Intersection Improvements

Location: S.R. 590 at C.R. 535 590 Clearwater
STREET SR. NO. US HWY NO. CITY

Pinellas 7 29S 16E
COUNTY SECTION(S) TOWNSHIP(S) RANGE(S)

*Geographic Coordinates: Latitude (DMS.SSS): 27°58'39.1" N Longitude (DMS.SSS): 82°44'16.8" W

Horizontal Datum: (NAD 83 / _____ Adj.)

* State Plane Coordinates: Northing 1325253.71 Easting: 417968.41

Projection Zone: Florida North Florida East Florida West

Coordinate shall be the center of the driveway intersection with FDOT R/W, or, if there is no driveway connection, near the center of the property line nearest the state highway.

*Check with the FDOT Office for requirement.

Brief description of facility and proposed connection: _____

The improvements consist of adding a protected left turn on all legs of the intersection for safety. Northeast of the intersection, along S.R. 590, the widening will require the adjustment of an approximately 265' long swale. The existing swale is filled with rubble riprap and displays significant erosion. The proposed swale, relocated due to the widening, will be lined with ditch pavement to reduce erosion and to provide sufficient capacity for the flow generated upstream.

Briefly describe why this activity requires a Drainage Connection Permit (Include where the stormwater will discharge to FDOT right of way):

We are requesting an Exception to the Drainage Connection Permit, under FAC 14-86.003(3)(d). All proposed work along S.R. 590 will be within the existing FDOT right-of-way and the existing drainage patterns will be maintained.

PART 2 – Certification by a Licensed Professional

In accordance with Rule 14-86, Florida Administrative Code (F.A.C.), I hereby certify that the following requirements are and/or will be met.

This project has been designed in compliance with all applicable water quality design standards as required by state governmental agencies.

14-86.004(3)(f) (F.A.C.): Certification by a Licensed Professional that the complete set of plans and computations complies with one of the following Rules Sections:

14-86.003(2)(a) (F.A.C.), or 14-86.003(2)(b) (F.A.C). (check one)

I further certify that a National Pollutant Discharge Elimination System (NPDES) permit for stormwater discharges associated with industrial activity from construction sites

is required is not required. (check one)

I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

This certification shall remain valid for any subsequent revision or submittal of plans, computation or other project documents by me.

Name of Licensed Professional: Caroline Cation Smith

Florida License Number: 69880

Company Name (if applicable): Atkins North America, Inc.

Certificate of Authorization Number (if applicable): 24

Address: 4030 West Boy Scout Boulevard, Suite 700

City: Tampa State: FL Zip: 33607

Telephone: 813-281-8326 Fax: 813-282-8155 Email: caroline.cationsmith@atkinsglobal.com

Signature of Licensed Professional

Date

(Affix Seal)

PART 3 – Certification by Applicant

I hereby certify that the information in this submittal is complete and accurate to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Name (Printed): Rahim Harji

Title and Company: Director, Pinellas County Public Works Department

Address: 22211 US Highway 19 North, Clearwater, FL 33765

Phone Number: (727) 464-8760 E-mail address: rharji@pinellascounty.org

PART 4 – Owner's Authorization of a Representative

I (we), the owner, _____, do hereby authorize the following person, or entity, as my representative:

Name (Printed): _____

Title and Company: _____

Address: _____

Phone Number: _____ E-mail address: _____

Part 5 – Affidavit of Property Ownership or Control and Statement of Contiguous Interest

I, Rahim Harji, certify that I own or lawfully control the following described property: CR 535 Right-of-Way

Does the property owner own or have any interests in any adjacent property?

No Yes If yes, please describe. CSX Transportation, Inc. agreement, City of Clearwater Easement

Owner's Signature required for Parts 4 and/or 5

We will not begin on the drainage connection until I receive the Permit and I understand all the conditions of the Permit. When work begins on the connection, I am accepting all conditions listed in the Permit.

Name (Printed): Rahim Harji

Address: 22211 US Highway 19 North, Clearwater, FL 33765

Phone Number: (727) 464-8760

Signature: _____ Date: _____

PART 6 – Permit General Conditions

1. This permit is a license for permissive use only and does not convey any property rights either in real estate or material, or any exclusive privilege and it does not authorize any injury to private property or invasion of private rights, or any infringement of Federal, State or local laws, rules or regulations; nor does it obviate the necessity of obtaining any required state or local approvals.
2. The drainage connection as authorized herein shall be constructed and thereafter maintained in accordance with the documents attached hereto and incorporated by reference herein. All work performed in the Department's right of way shall be done in accordance with the most current Department standards, specifications and the permit provisions. Such construction shall be subject to the inspection and approval of the Department, and the Department may at any time make such inspections as it deems necessary to assure that the drainage connection is in compliance with this permit.
3. The entire expense of construction within the Department right of way, including replacement of existing pavement or other existing features, shall be borne by the permittee.
4. The permittee shall maintain that portion of the drainage connection authorized herein located on permittee's property in good condition. The Department shall maintain that portion of the drainage connection authorized herein located within its right of way.
5. If the drainage connection is not constructed, operated or maintained in accordance with this permit, the permit may be suspended or revoked. In this event modification or removal of any portion of the drainage connection from the Department's right of way shall be at the permittee's expense.
6. The Department reserves the right to modify or remove the drainage connection to prevent damage or in conjunction with road improvements.
7. It is understood and agreed that the rights and privileges herein set out are granted only to the extent of the Department's right, title, and interest in the land to be entered upon and used by the permittee, and the permittee will, at all times, assume all risk of and indemnify, defend and save harmless the Department from and against any and all loss, damage, cost or expense arising in any manner on account of the exercise or attempted exercises by said permittee of these rights and privileges, regardless of the respective degrees of fault of the parties.
8. Utilities, including gas lines, may exist within the right of way. Prior to beginning work the permittee shall contact Sunshine State One Call of Florida, Inc at 811 or 800-432-4770, who will notify all utility owners near the scheduled project. The utility owners have two (2) full business days to provide locations of their respective facilities. The permittee shall be solely responsible for any damage to or conflicts with gas lines, utilities and/or third persons.
9. The permittee shall notify the Department of Transportation Maintenance Office located at _____
Phone _____ 48 hours in advance of starting any work on the drainage connection authorized by this permit and also 24 hours prior to any work within the Department's right of way. Construction of any work on the right of way shall be completed within _____ days after such notification. If such construction is not completed within _____ days after such notification, the permittee shall notify the Department of the anticipated completion date.
10. This permit shall expire if construction on the drainage connection is not begun within one year from the date of approval and if construction on the drainage connection is not completed by (Date) _____.
11. A permittee may request an extension of the Drainage Connection Permit expiration date by filing a written request for a permit time extension. All requests for time extensions must be received by the Department 15 working days prior to the expiration date.
12. All the provisions of this permit shall be binding on any assignee or successor in interest of the permittee.

PART 7 – Permit Special Conditions – To be completed by FDOT

The above request has been reviewed and has been found to meet the regulations as prescribed in Rule 14-86, F.A.C., and is hereby approved, subject to the following special conditions:

Department of Transportation:

Signature _____

Title _____ Date _____

PART 8 – As-Built Certification

Within 15 working days of completion of construction, you must send this certification to the Department office in which you filed your DOT Drainage Permit.

1. STORM WATER FACILITY INFORMATION

Permit No.: _____

Source (Project) Name: _____

Source Location: Street _____

City: _____ County: _____

Source Owner: _____

Owner Address: _____

2. AS-BUILT CERTIFICATION

I hereby certify that this storm water facility has been built substantially in accordance with the certified design plans, and that any substantial deviations (noted below) will not prevent the facility from functioning in compliance with the requirements of Chapter 14-86 F.A.C. when properly maintained and operated. These determinations have been based upon on-site observation of construction, scheduled and conducted by me or by a project representative under my direct supervision.

Name of Licensed Professional: _____

Florida License Number: _____

Company Name (if applicable): _____

Certificate of Authorization Number (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Signature of Licensed Professional

Date

(Affix Seal)

Substantial deviations from the approved plans and specifications (attach additional sheets if required).
