



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 25-0707
DATE PAID: 9/9/25
FEE PAID: \$100.00
RECEIPT #: 2247418

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: Douglas Hope EMAIL: dahope78@gmail.com

AGENT: Lillian McDaniel TELEPHONE: _____

MAILING ADDRESS: 336 SW Inwood Ct Lake City FL 32025

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

OSTDS REMEDIATION PLAN? [Y / N]

LOT: 36 BLOCK: _____ SUBDIVISION: Creekside PLATTED: _____

PROPERTY ID #: 12-45-16-02939-136 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.67 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 336 SW Inwood Ct Lake City FL 32025

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION



RESIDENTIAL



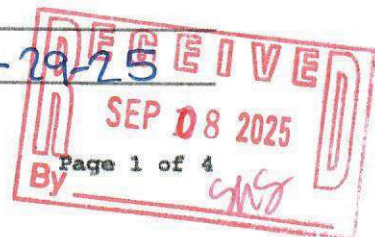
COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>Accessory Structure</u>	<u>0</u>	<u>624</u>	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Douglas Hope DATE: 8-29-25

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

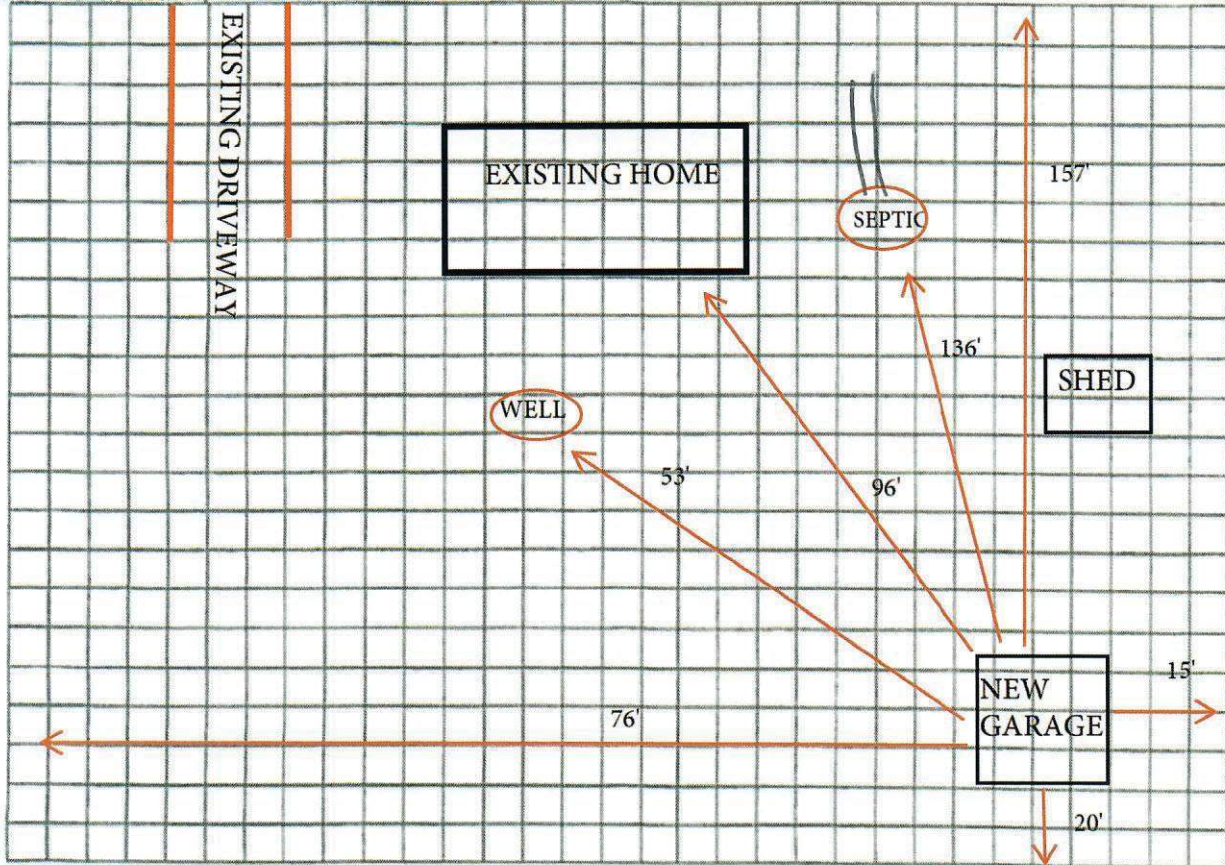


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----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

See attached

Site Plan submitted by: Lillian McDaniel

Plan Approved

Not Approved

Date 9/20/25

By _____

[Signature]

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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Incorporated: 62-6.004, F.A.C.