



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

PERMIT NO: 26-0399
DATE PAID: 40.00
FEE PAID: 4/20/2020
RECEIPT #: 2387314

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary pool

APPLICANT: James Earls EMAIL: Lamanda.Mote@gmail.com

AGENT: Lamanda Mote / Permitting Services TELEPHONE: 386 288-9673

MAILING ADDRESS: 301 SW Faul Ct Lake City FL 32024

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: 3 BLOCK: - SUBDIVISION: Kimberly Oaks PLATTED: 2005

PROPERTY ID #: 16-45-16-03026-103 ZONING: _____ I/M OR EQUIVALENT: Y / N

PROPERTY SIZE: 1 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? Y / N DISTANCE TO SEWER: 100 FT

PROPERTY ADDRESS: 176 SW Kimberly Lane Lake City FL 32024

DIRECTIONS TO PROPERTY: GPS

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>New Pool</u>			
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

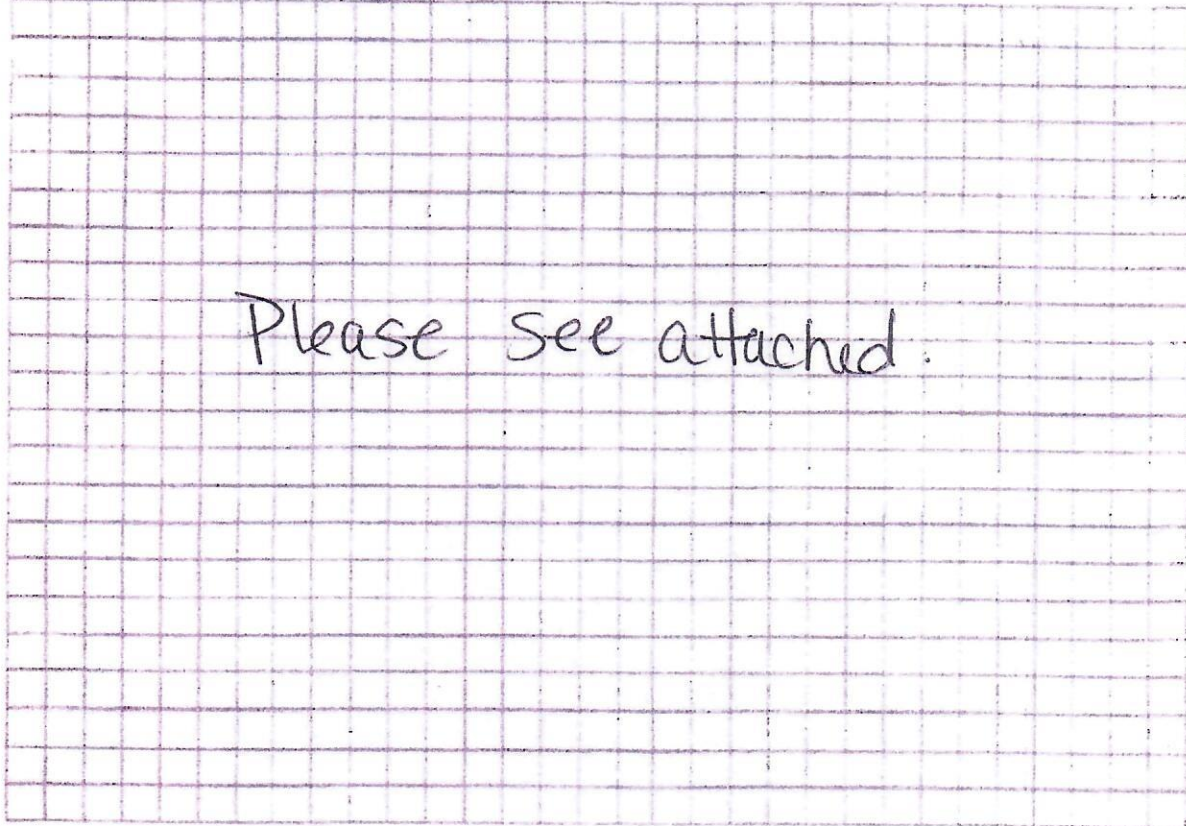
SIGNATURE: Lamanda Mote DATE: 4/20/2020

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Permit Application Number 26-0393

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

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



Notes: _____

Site Plan submitted by _____

Plan Approved _____

Not Approved _____

Date 4/20/2026

By _____

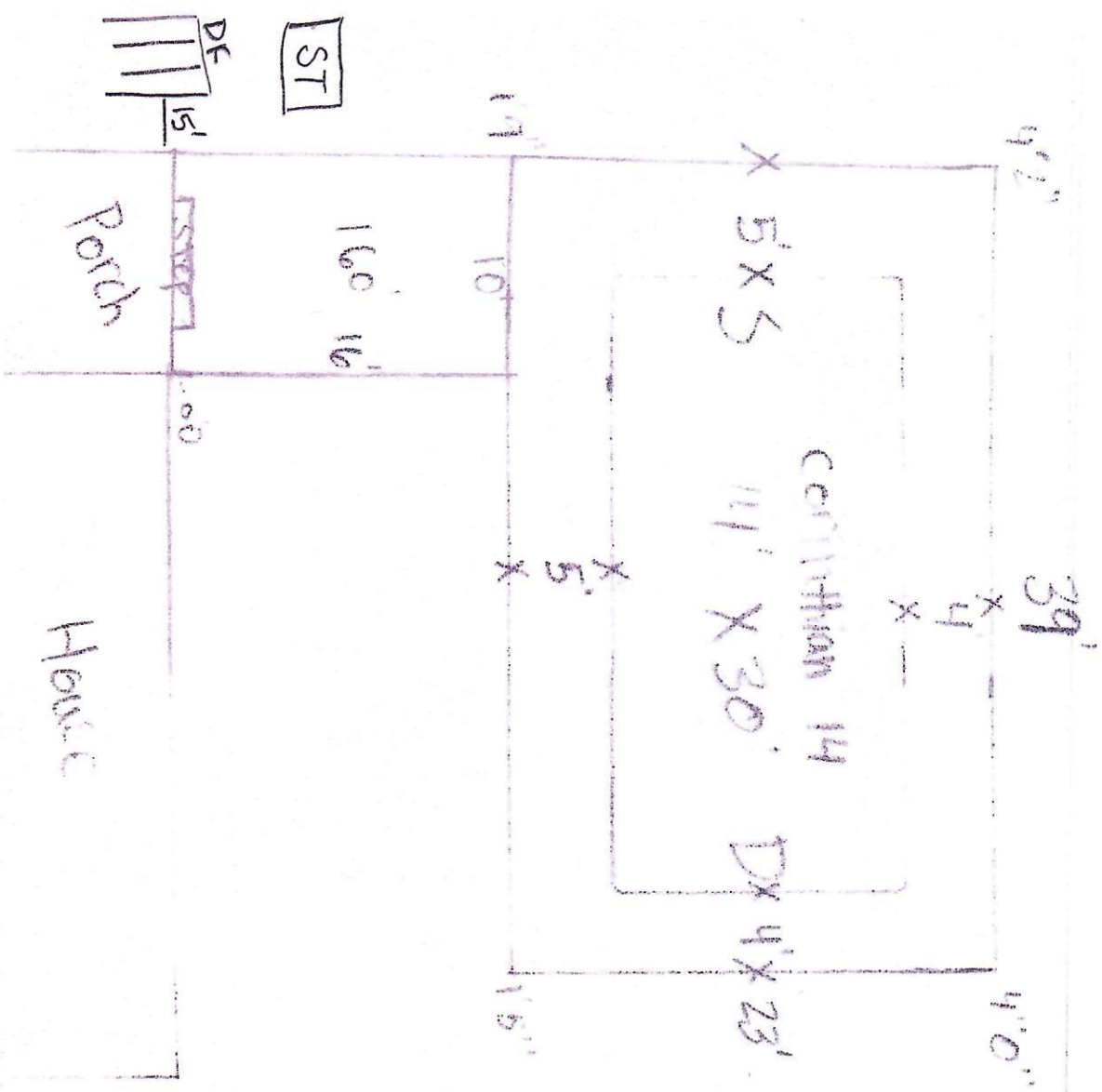
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

26-2393

Earls Family Pool
Paragon Pools
904-302-4151

176 SW Kimberly Lane
Lake City FL 32004



Well