

FWW

SSO 058601907



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

PERMIT NO: 24-0205
DATE PAID: 2/27/26
FEE PAID: 390.00
RECEIPT #: 22-0146

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Pamela Carpenter EMAIL: tsewards1989@gmail.com
 AGENT: Tyler Edwards TELEPHONE: 660-619-5841
 MAILING ADDRESS: 151 SW Grape St Lake City FL 32024 *4076879428

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: 1 BLOCK: _____ SUBDIVISION: Pine Haven PLATTED: _____

PROPERTY ID #: 31-55-16-03744-101 ZONING: _____ I/M OR EQUIVALENT: Y / N

PROPERTY SIZE: 5.0 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

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

PROPERTY ADDRESS: 151 SW Grape St Lake City FL 32024

DIRECTIONS TO PROPERTY: State Road 47 South TR on county road 240, TL on SW Ichetucknee Ave, TL on SW Grape St, first lot on left.

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>Site Mobile Home</u>	<u>3</u>	<u>1400</u>	<u>1152 etc</u>
2	<u>Mobile Home</u>	<u>2</u>	<u>728</u>	
3				
4				

Floor/Equipment Drains Other (Specify) _____

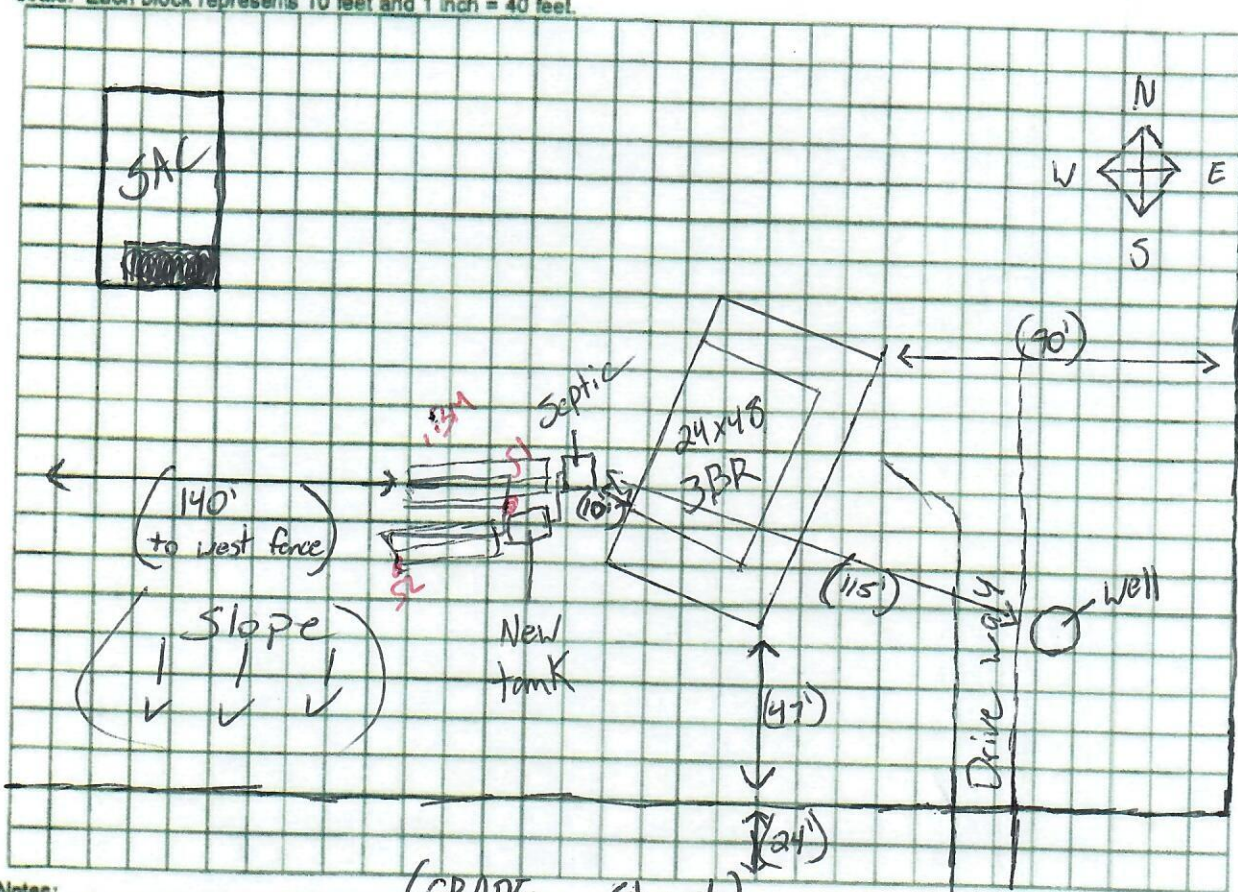
SIGNATURE: Tyler Ed DATE: 2-10-26

STATE OF FLORIDA
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 APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 26-0205

PART II - SITEPLAN

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



Notes: (GRAPE Street)
 Modifications to accommodate ADU

See Attached
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Site Plan submitted by: Tyler Edwards

Plan Approved [Signature]
 By [Signature]

Not Approved Columbia

Date 3/12/26
 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT