



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

PERMIT NO. 26-7-0368  
DATE PAID: 4/12/2026  
FEE PAID: 200.00  
RECEIPT #: 9922186

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary

APPLICANT: JB3 LLC    EMAIL: permits@snsmh.com  
AGENT: James Warren    TELEPHONE: 863-206-5370  
MAILING ADDRESS: 182 SW Grouse Pl 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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_  
PROPERTY ID #: 22-4s-16-03086-002 ZONING: AG I/M OR EQUIVALENT: [ Y / N ]  
PROPERTY SIZE: 9.12 ACRES WATER SUPPLY: [ X ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD  
IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y ]  [ N ] DISTANCE TO SEWER: \_\_\_\_\_ FT  
PROPERTY ADDRESS: TBD SW Sparrow Terr Lake City FL 32055  
DIRECTIONS TO PROPERTY: From Lake City SW Main BLVD 1.5 miles, L onto Sisters Welcome  
3.1 miles R onto SW Hope Henry Rd 1 mile L SW Sparrow Terr .7 miles Property on Right

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	Old MH	2	868	
2	New MH	2	979	
3				
4				

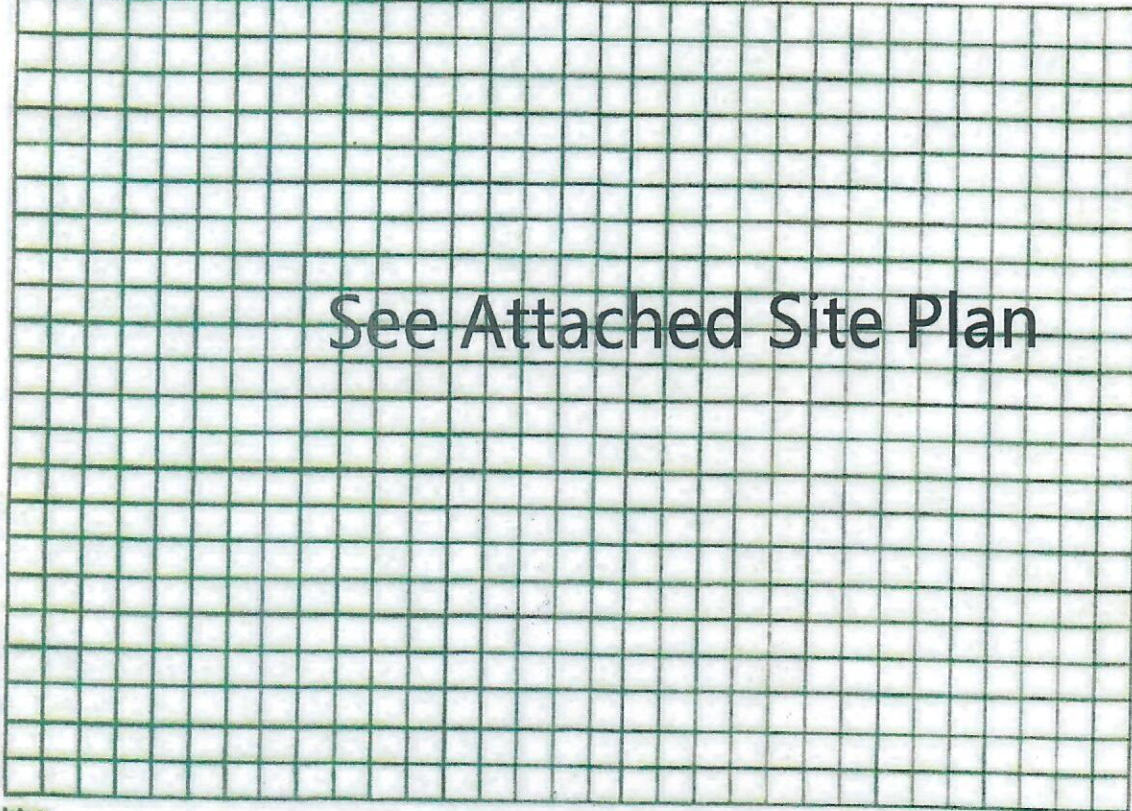
[ ] Floor/Equipment Drains    [ ] Other (Specify) \_\_\_\_\_  
SIGNATURE: James Warren    DATE: 4/17/2026

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

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



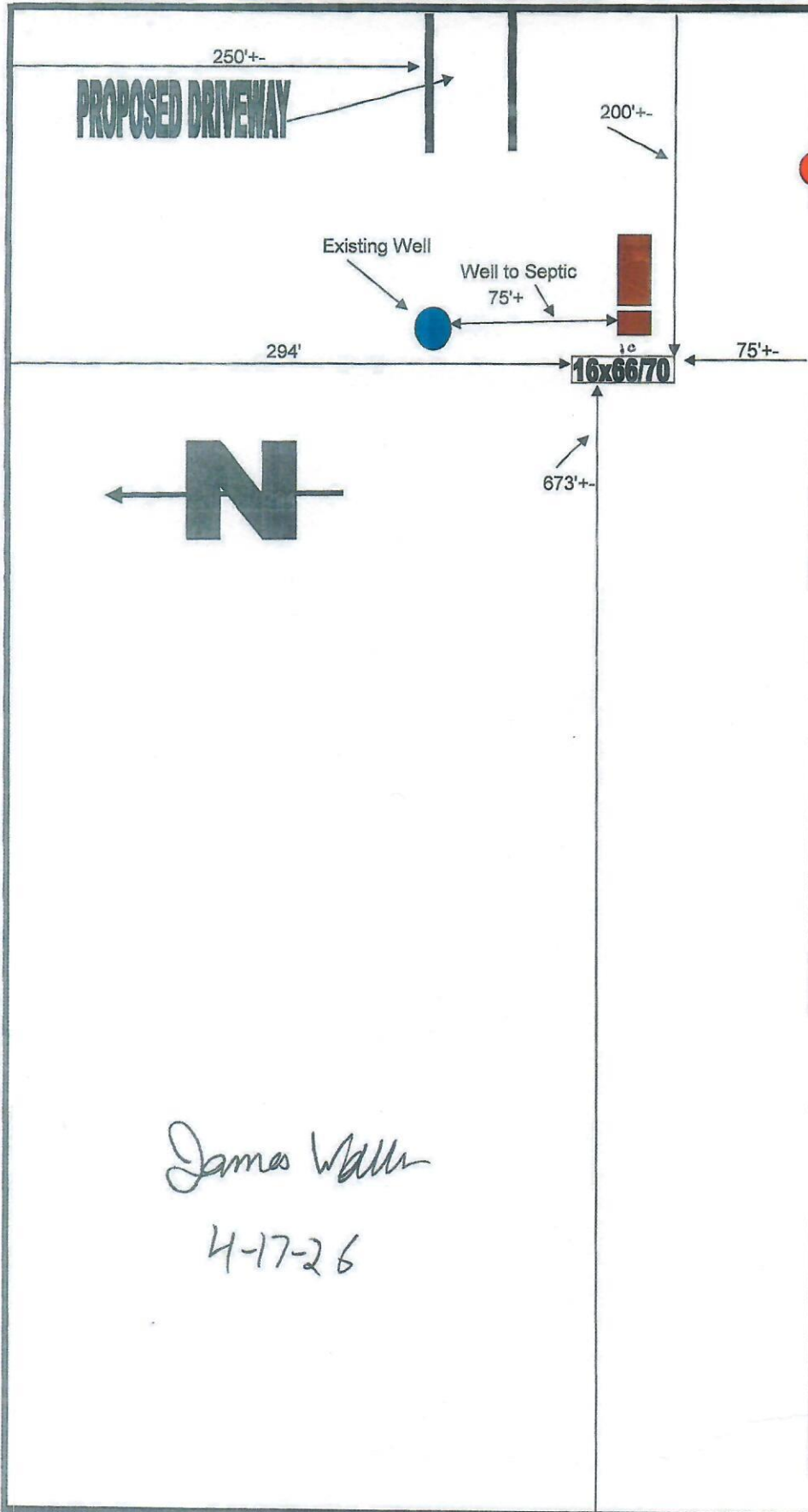
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: James Walker  
Plan Approved [Signature] Not Approved \_\_\_\_\_ Date 4/17/2026  
By [Signature] Colubra County Health Department  
SP1/26

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

# SW SPARROW TER

*26-0268*



*James Wall*

*4-17-26*