



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

PERMIT NO. 25-0136
DATE PAID: 2/12/25
FEE PAID: 200.00
RECEIPT #: 2192485

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: Olisa Properties LLC EMAIL: provisionpermitting@olisa.com

AGENT: Scrup North 863-577-5701 TELEPHONE: 366-365-7690

MAILING ADDRESS: 212 SW Cottage Glen 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: 34 BLOCK: _____ SUBDIVISION: Five Points Acres PLATTED: _____

PROPERTY ID #: 17-35-n-04967-034 ZONING: _____ I/M OR EQUIVALENT: Y / N]

PROPERTY SIZE: 1.02 ACRES WATER SUPPLY: PRIVATE PUBLIC]<=2000GPD]>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: NE Colvin Ave Lake City FL

DIRECTIONS TO PROPERTY: R on US-441 N, R on NE Tammy Ln, R on NE Colvin Ave, property on R

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>mobile home</u>	<u>2</u>	<u>830</u>	<u>Orig Attached</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Scrup North DATE: _____

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

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

Notes: _____

Site Plan submitted by: Scarp North

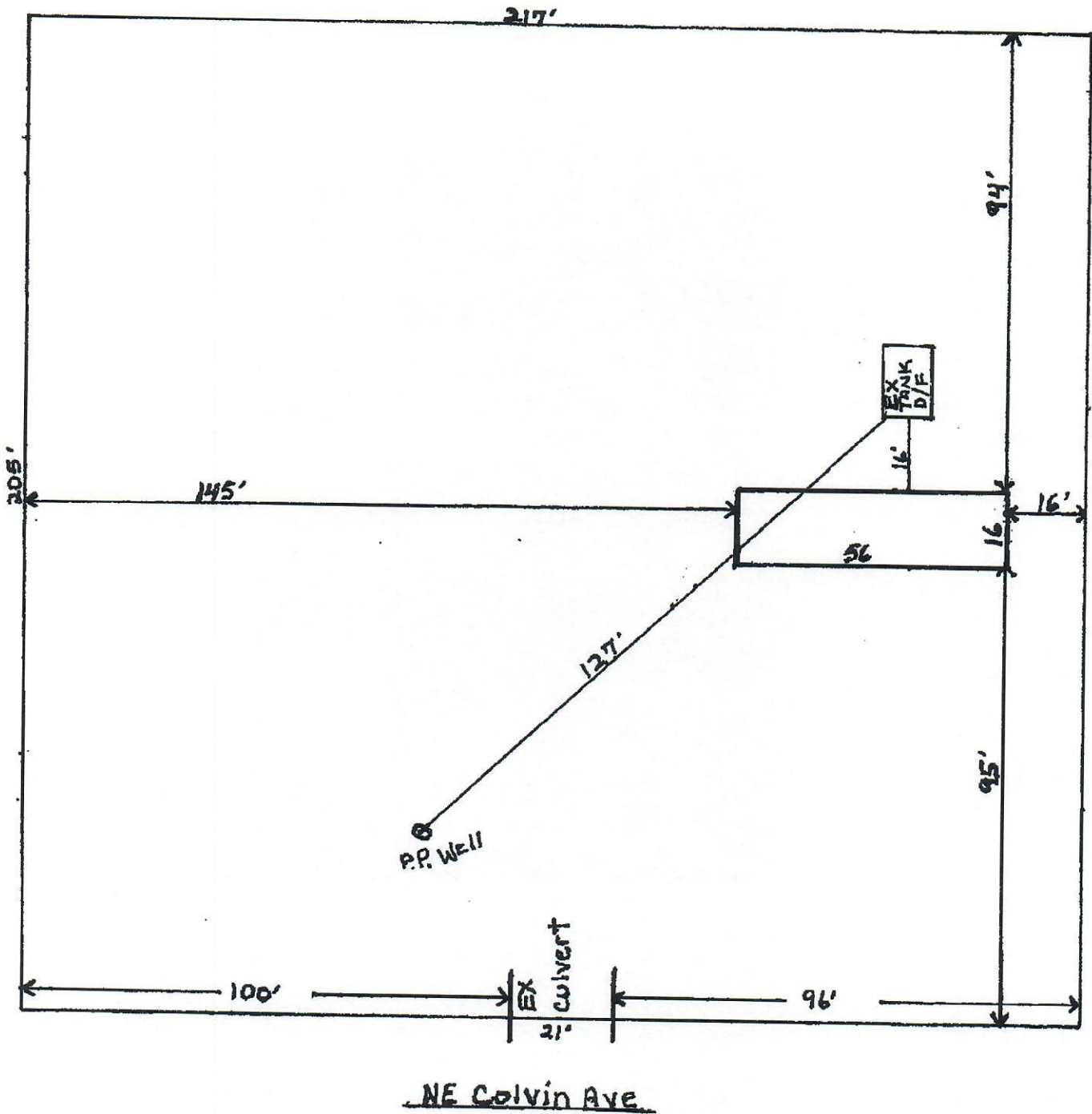
Plan Approved Not Approved _____ Date 2/17/25

By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

25-0136

1" = 30'



Olisa Properties

Sonja North