



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

PERMIT NO: 21-0734
DATE PAID: 10/20/23
FEE PAID: 200.00
RECEIPT #: 2006684

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: DC Construction Joshua Campbell EMAIL: Isaiah Cully4@gmail.com

AGENT: Isaiah Cully TELEPHONE: 386-867-0086

MAILING ADDRESS: 818 W Duval Lake City FL 32055

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: 16 BLOCK: _____ SUBDIVISION: Oaks of Lake City P1 PLATTED: _____

PROPERTY ID #: 18-55-17 09280-116 ZONING: _____ I/M OR EQUIVALENT: Y / N

PROPERTY SIZE: 4.85 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

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

PROPERTY ADDRESS: 432 SW Mand.Ba dr Lake City FL 32024

DIRECTIONS TO PROPERTY: 441 S TO 131, 131 TO Mand.Ba
Site 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	Storage Building	NA	1600	21-8521
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: _____ DATE: 10-18-23

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

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

See Attached

Notes: _____

Site Plan submitted by: [Signature] Isaiah Conroy

Plan Approved Not Approved _____ Date 10/27/22

By [Signature] Calvin County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

21-0734

