



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

PERMIT NO. 25-0387
DATE PAID: 4/30/25
FEE PAID: 200.00
RECEIPT #: 2207598

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Kirk Coward EMAIL: lizzie@eliteoutdoorbuildings.com
AGENT: Lizzie Brooks TELEPHONE: (863) 324-3858
MAILING ADDRESS: 222 NW Heritage Dr, 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: 27 BLOCK: _____ SUBDIVISION: Arbor Greene at Emerald Lakes PLATTED: _____

PROPERTY ID #: 28-35-16-02372-527 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.61 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 222 NW Heritage Dr, Lake City, FL 32055

DIRECTIONS TO PROPERTY: _____

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	Accessory Structure	0	1,200	Orig attached
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

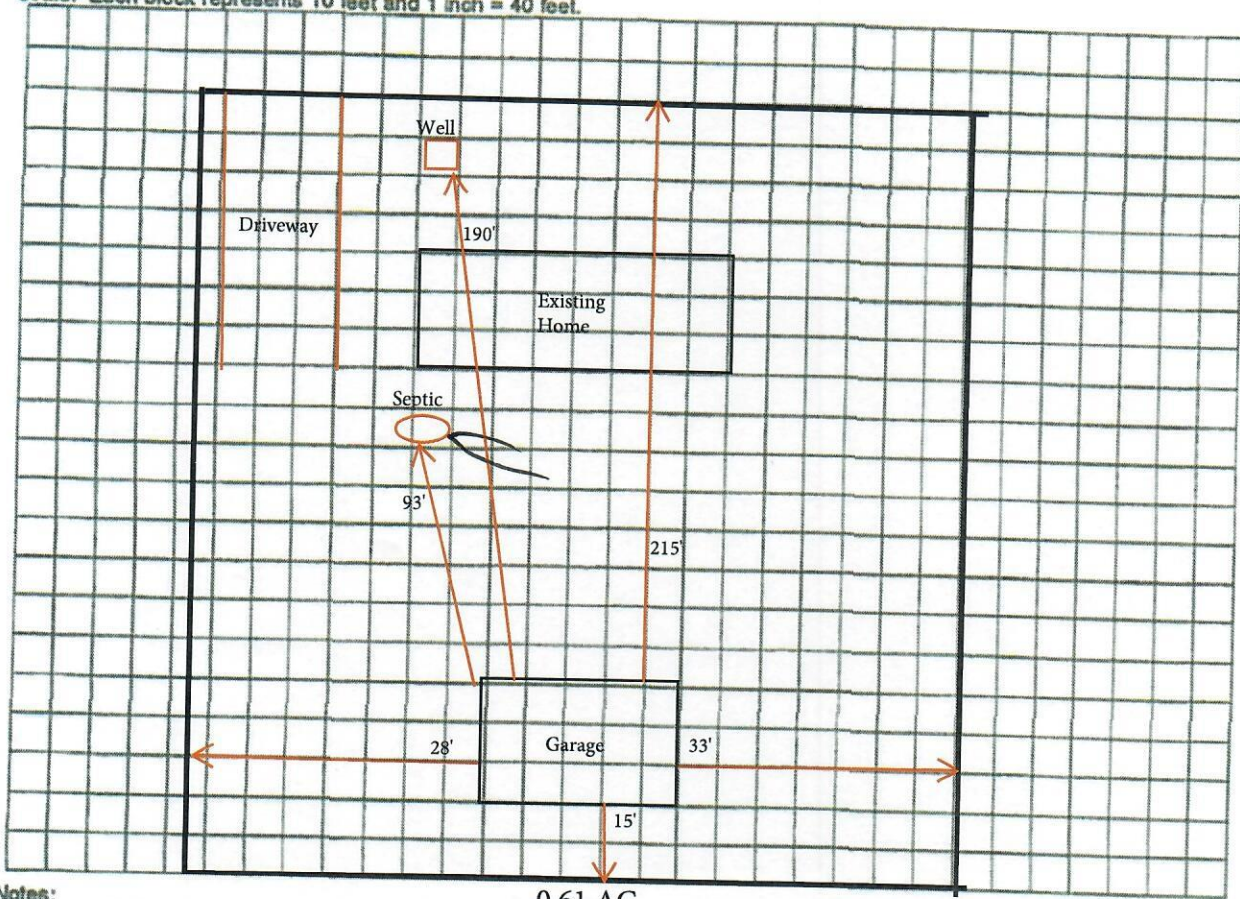
SIGNATURE: [Signature] DATE: 4-19-25

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

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



Notes: _____

Site Plan submitted by: Lizette Rose

Plan Approved [Signature] Not Approved _____
By _____

Date 5/2/25
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 08-21-2022 (Obsoletes previous editions which may not be used)
Incorporated: 62-6.004, F.A.C.