

880 161602985



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

PERMIT NO. 26-0452
DATE PAID: _____
FEE PAID: 425.00
RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[☒] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [] _____

APPLICANT: Jennifer Chandler EMAIL: Dgriffisconstruction@gmail.com

AGENT: D Griffis Construction (Timothy Dylan Griffis) TELEPHONE: 9045146677

MAILING ADDRESS: 154 NW Bison Ct White Springs

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 #: 14-2S-16-01608-103 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 154 NW BISON CT, WHITE SPRINGS

DIRECTIONS TO PROPERTY: R onto lassie black. R onto nw bison ct first house on left. Adu will be in back

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	ADU	1	800	
2				
3				
4				

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

SIGNATURE: Timothy Griffis DATE: 5/22/26

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 216-0452

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

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

Chandler

*See
Attached*

Notes: _____

Site Plan submitted by: *Trudy D. [Signature]* _____

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-6.004, F.A.C.

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216-0452

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Chandler

See
Attached

Notes: _____

Site Plan submitted by: _____

Plan Approved _____

By _____

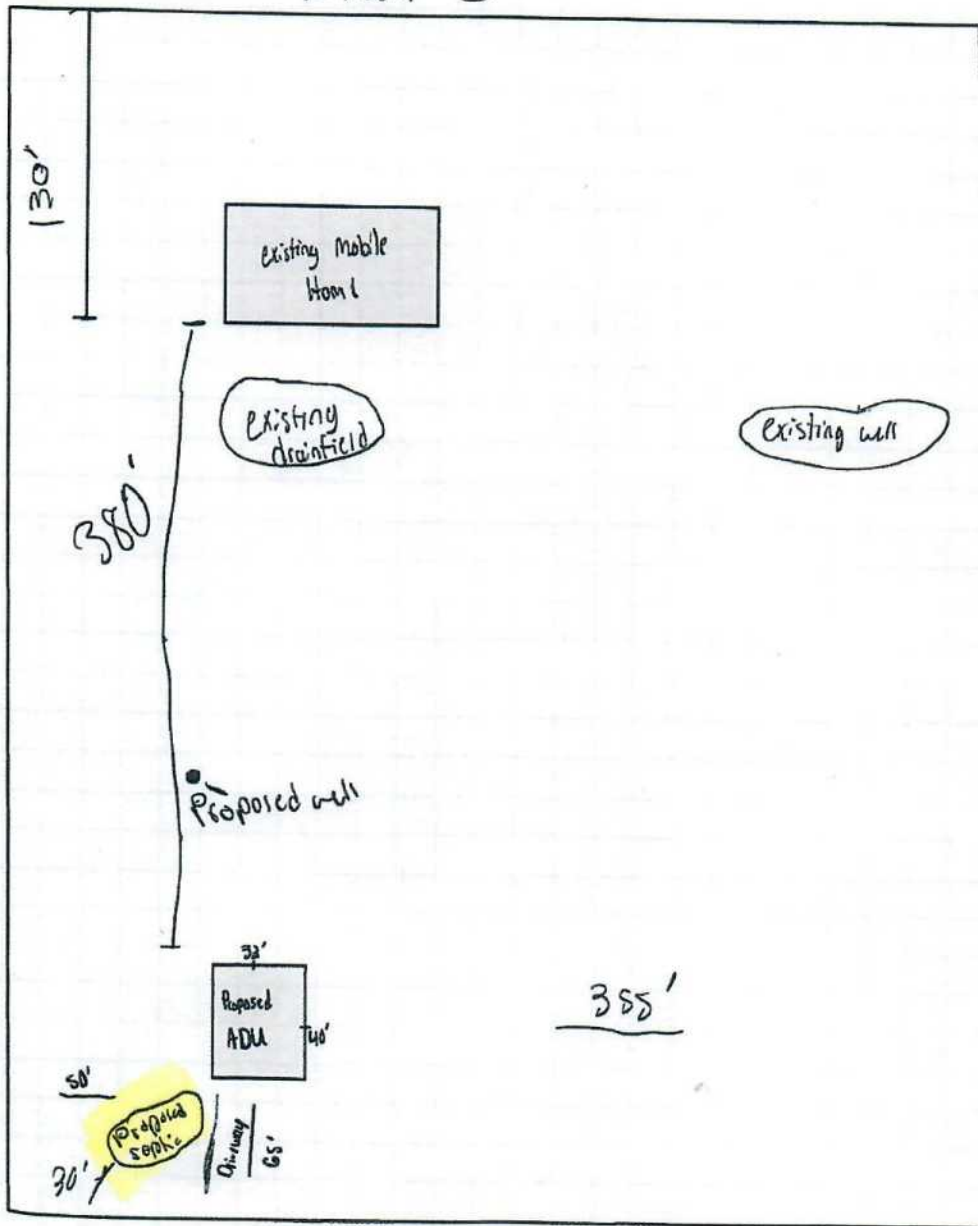
Not Approved _____

Date _____

County Health Department

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Bison CT



Lassie Black St

Monroe Morrell Rd