



Application For Construction Permit Onsite Sewage Treatment and Disposal System (OSTDS)

Application for:

- ☐ New System
☐ Repair

- ☒ Existing System
☐ Abandonment

- ☐ Temporary
☐ Other

Permit No. 26-4677
Date Paid: 8/27/26
Fee Paid: \$200.00
Receipt #: 261665

Subtype:

- ☐ Aerobic Treatment Unit
☐ Holding Tank
☐ Non-innovative Performance-based treatment system (PBTS)

- ☐ Other (describe): _____
☐ Innovative PBTS
☐ Innovative, Non PBTS

Does the system include nitrogen treatment?

- ☐ Enhanced Nutrient-Reducing OSTDS

- ☐ In-ground Nitrogen Reducing Biofilter

Applicant: David Holmes

Agent: _____

Email: davenkidz@aol.com

Telephone: 386-365-8831

Mailing Address: 508 SW Dauberley Ct., 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's the applicant's responsibility to provide documentation of the date the lot was first recorded in its present form or platted (MM/DD/YY) if requesting consideration of statutory grandfather provisions.

Property Information

Lot: _____ Block: _____ Subdivision: _____ Date Lot Recorded: _____
Property Id #: 35-45-16 03283-001 Zoning: _____ I/M Or Equivalent: ☐ Yes ☐ No Property Size: 9.36 Acres

Water Supply: Private ☒ Public Not Limited Use ☐ ≤ 2000 gpd ☐ > 2000 gpd Limited Use Public ☐ ≤ 2000 gpd ☐ > 2000 gpd

Is Sewer Available As Per 381.0065, F.S.? ☐ Yes ☒ No

Property Address: 508 SW Dauberley Ct., Lake City, FL 32024

Directions To Property: _____

Building Information

☒ Residential

☐ Commercial

Unit No.	Type of Establishment	No. of Occupants	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>Storage</u>	0	0	1500	
2					
3					
4					

☐ Floor/Equipment Drains

☐ Other (Specify) _____

SIGNATURE: [Signature]

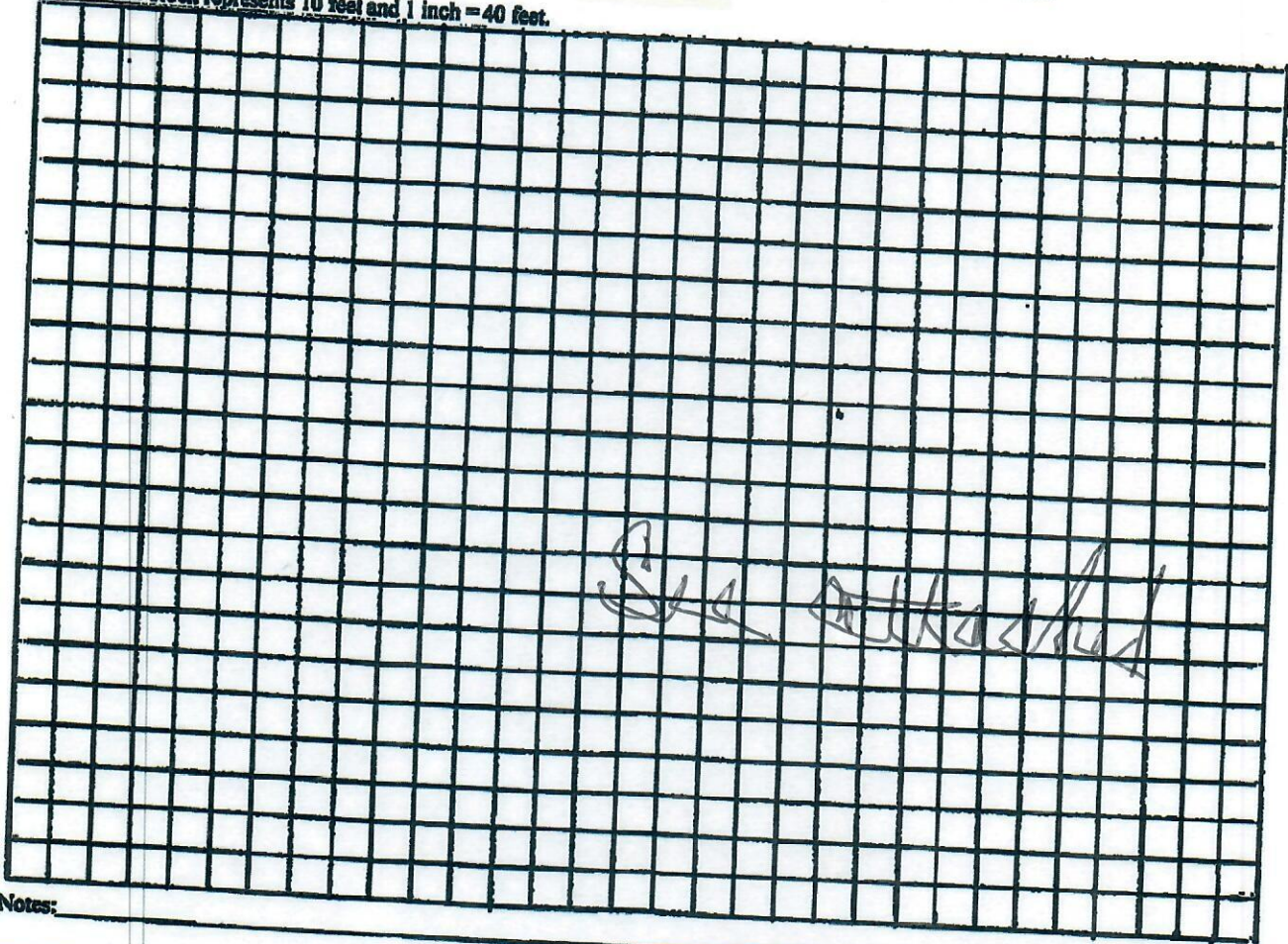
DATE: 8/26/26

**Application For Construction Permit
Onsite Sewage Treatment and Disposal System (OSTDS)**

Permit Application Number: 26-0477

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

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



Notes:

Site Plan submitted by: [Signature]

Plan Approved: [Signature]

By: [Signature]

Not Approved: _____

Date: 8/28/26

Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



PROPOSED SITE PLAN

26-0677



SITE PLAN CHECKLIST:

- ___ 1) Property Dimensions
- ___ 2) Footprint of proposed and existing structures (including decks, label these with existing addresses
- ___ 3) Distance from structures to all property lines
- ___ 4) Location and size of easements
- ___ 5) Driveway path and distance from any waters; sink holes; wetlands; and etc.
- ___ 6) Location and distance from any waters; sink holes; wetlands; and etc.
- ___ 7) Show slopes and/or drainage paths
- ___ 8) Arrow showing North direction

SITE PLAN EXAMPLE

