



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

PERMIT NO. 23-0047
DATE PAID: 1/25/23
FEE PAID: 310.00
RECEIPT #: 1933157

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒

New System

☐

Existing System

☐

Holding Tank

☐

Innovative

☐

Repair

☐

Abandonment

☐

Temporary

APPLICANT: Tara Lamontagne

EMAIL: info@bronsonseptic.com

AGENT: Bronson Septic Service

TELEPHONE: 386-487-8007

MAILING ADDRESS: 13972 74th St. Live Oak FL 32060

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? NO

LOT: NA BLOCK: NA SUBDIVISION: NA PLATTED: _____

PROPERTY ID #: 18-2S-16-01642-005 ZONING: RES I/M OR EQUIVALENT: NO

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? NO

DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 370 NW SLEEPY CT, WHITE SPRINGS

DIRECTIONS TO PROPERTY: 370 NW SLEEPY CT, WHITE SPRINGS

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	SFR-MH	2	728	X Shaded
2				
3				
4				

☐

Floor/Equipment Drains

☐

Other (Specify) _____

SIGNATURE: Elliott Bronson

DATE: 1/23/23

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0047

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

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

SEE ATTACHED																																							
--------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Notes: _____

Site Plan submitted by: Elliott Branson
Plan Approved ✓ Not Approved _____ Date 1/26/23
By [Signature] [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

State of Florida Department of Health
Application for Construction Permit
Part II Site Plan

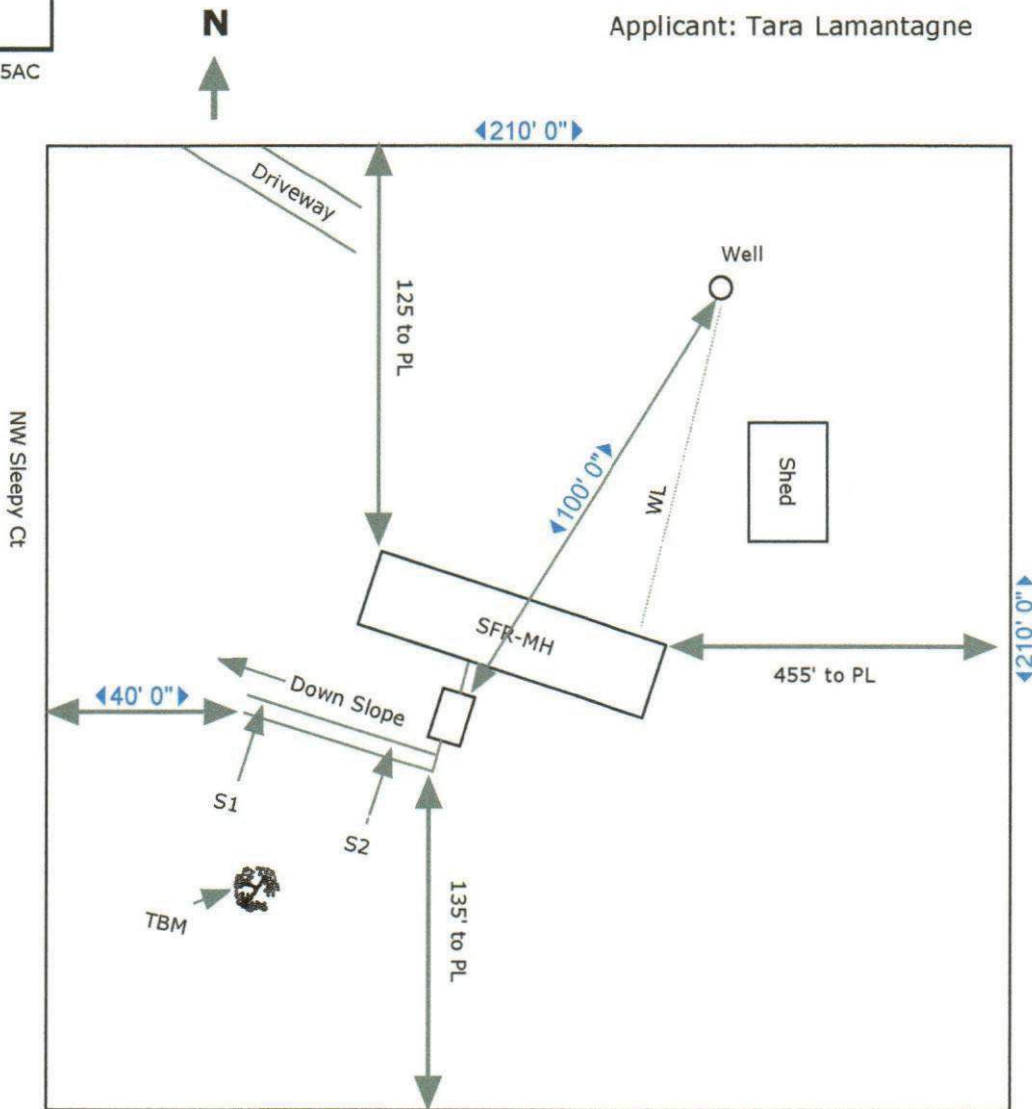
Permit Application Number

23-0067



1 of 5AC

Applicant: Tara Lamantagne



Notes:

Site Plan Submitted BY:

Elliot Bronson

Elliot Bronson 21-1789

Plan Approved

Not Approved

Date

By

County Health Department