

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

DATE PAID: FEE PAID: RECEIPT #:

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APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:  [ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative [ ] Repair [ ] Abandonment [ ] Temporary [ ]
APPLICANT: BRADLEY WARD EMAIL: bwtrucking 1010
AGENT: TELEPHONE: 407-4142251
MAILING ADDRESS: 262 SW. FOREST GLN LAKE CITY FL 32025
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 #: ZONING: I/M OR EQUIVALENT: [ Y / N ]
PROPERTY SIZE: 5. WATER SUPPLY: [   PRIVATE PUBLIC [ ] <= 2000GPD [ ] > 2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: FT
PROPERTY ADDRESS: 262 SW FOREST GLW LAKE CITY FL 32UZS
DIRECTIONS TO PROPERTY: 441 SOUTH (TUSKONE)
THE HILLS AT ROSE CLEEK SUB DIMSION
BUILDING INFORMATION [ ] RESIDENTIAL [ ] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No. Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC
1 House 3 Z4W
2 POU 1 400
3
4 — — — — — — — — — — — — — — — — — — —
[ ] Floor/Equipment Drafts [ Other (Specify)
SIGNATURE:
DEP 4015, 96-21-7022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

## STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION APPLICATION FOR CONSTRUCTION PERMIT

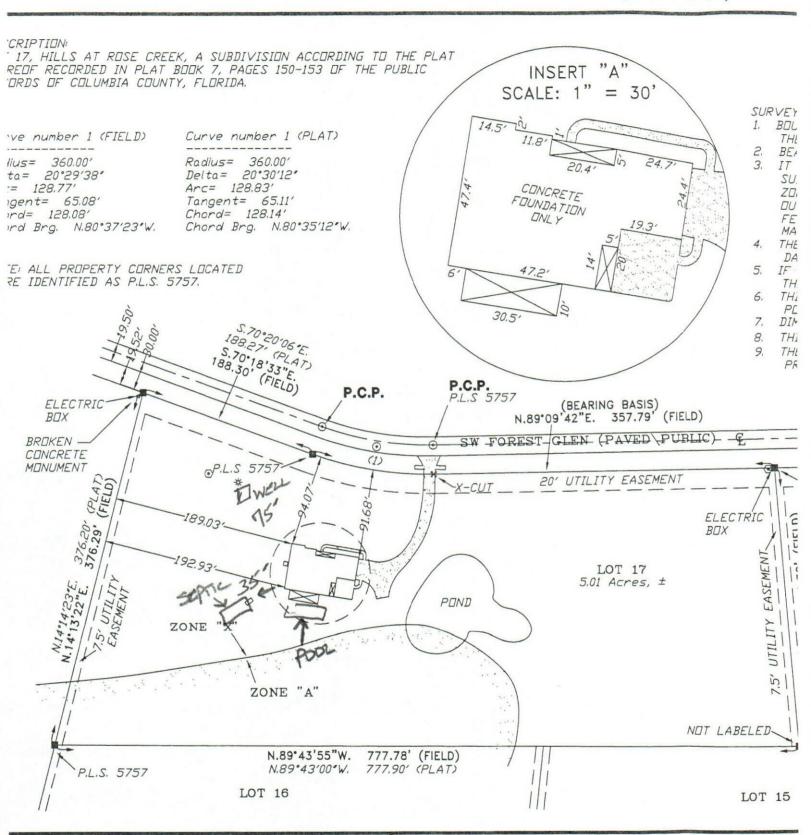
Permit Application Number

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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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## CERTIFIED TO:

BRADLEY WARD CAPITAL CITY BANK ABSTRACT TRUST TITLE, LLC FIDELITY NATIONAL TITLE INSURANCE COMPANY

PAGE(S) FILE FIELD BOOK

## SURVEYOR'S CERTIFICATION

I HEREBY CERTIFY THAT THIS SURVEY WAS MADE UNDER MY RESPONSIBLE CHARGE A TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL SL IN CHAPTER 5J-17, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027,

5/20/2019 FIELD SURVEY DATE

5/22/2019 DRAWING DATE

NOTE: UNLESS IT BEARS THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA MAPPER THIS DRAWING, SKETCH, PLAT OR MAP IS FOR INFORMATIONAL PURPOSES ONLY