

46923



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

PERMIT NO. 23-0110
DATE PAID: 2/9/23
FEE PAID: 60.00
RECEIPT #: 1936105

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Lance GuyEMAIL: littlehammer1996@gmail.com

AGENT: _____

TELEPHONE: 386.984.7462MAILING ADDRESS: 1212 SW Mayo Rd Lake city FL

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 #: 05-48-16-02773-017 ZONING: _____ I/M OR EQUIVALENT: [Y / N]PROPERTY SIZE: 1.72 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [☒] <=2000GPD [] >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? [Y / ☒] DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 382 SW Vista Ter, Lake city FL

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	Dwelling	MH	2	400	
2					
3					
4					

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

SIGNATURE: [Signature]DATE: 2/9/23

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

Incorporated 62-6.004, FAC

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



County Health Department

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