



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

PERMIT NO. 25-0244
DATE PAID: 3/14/25
FEE PAID: 20.00
RECEIPT #: 2198802

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Ed Sullivan

EMAIL: lizzie@eliteoutdoorbuilding.com

AGENT: Lizzie Brooks

TELEPHONE: (904) 237-0986

MAILING ADDRESS: 454 NW Castlewood, Lake City, FL 32055

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: 10 BLOCK: _____ SUBDIVISION: Suwannee Valley Farms PLATTED: _____

PROPERTY ID #: 24-25-017770-110 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC [] ≤ 2000 GPD [] > 2000 GPD

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

PROPERTY ADDRESS: 454 NW Castlewood, Lake City, FL 32055

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	<u>Accessory Structure</u>	<u>0</u>	<u>1,800</u>	
2				
3				
4				

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

SIGNATURE: [Signature] DATE: 3-13-25

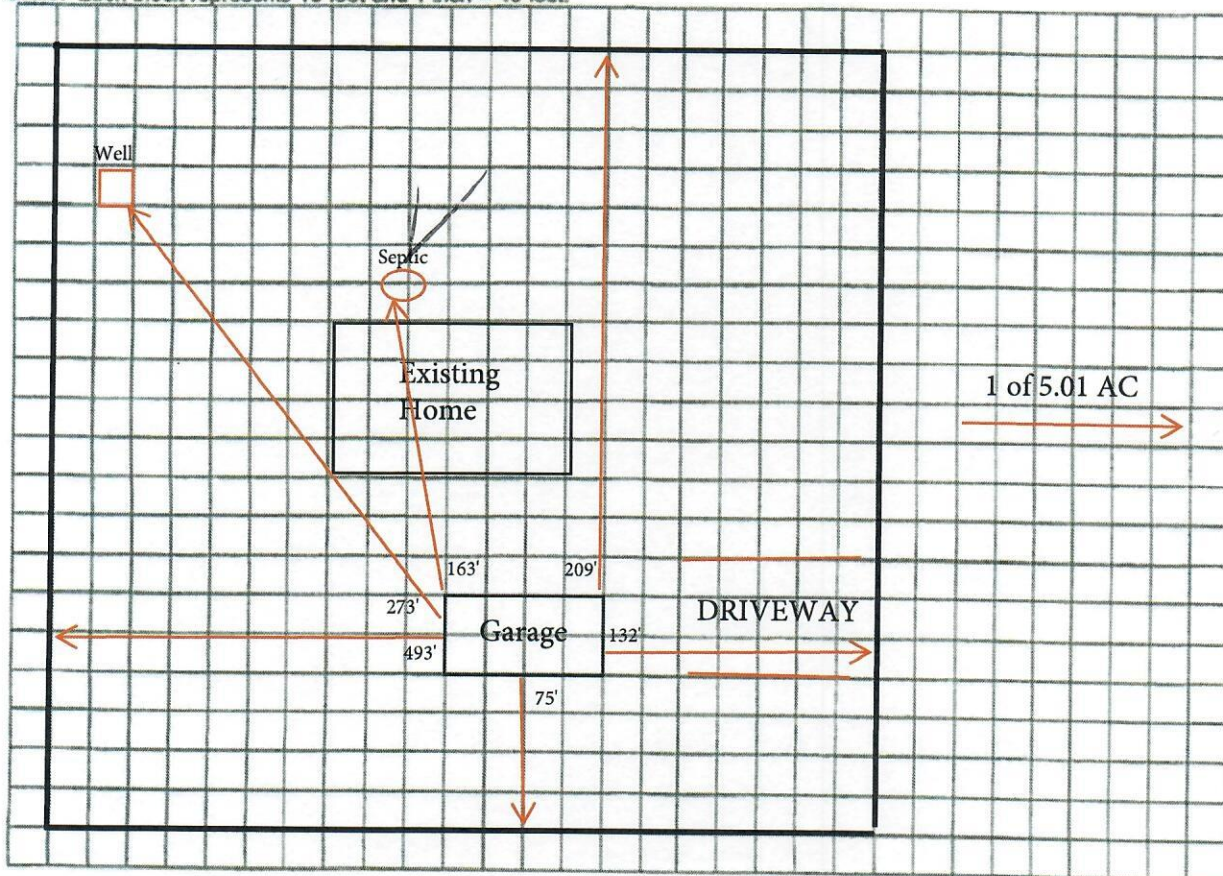
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----- PART II - SITEPLAN -----

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



Notes:

Site Plan submitted by:

[Signature]

Plan Approved

Not Approved

Date

3/17/25

By

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 08-21-2022 (Obsoletes previous editions which may not be used)

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