



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

PERMIT NO. 23-0014
DATE PAID: 4/15/23
FEE PAID: 415.00
RECEIPT #: 1929347

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Ricky Carroll EMAIL: rcarroll313@comcast.net

AGENT: _____ TELEPHONE: 386 288-4321

MAILING ADDRESS: 665 SE Sulton Lp 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: 21 BLOCK: B SUBDIVISION: DEERHAVEN PLATTED: _____

PROPERTY ID #: 13-45-17-08335-045 ZONING: _____ I/M OR EQUIVALENT: [Y / N]
(30534)

PROPERTY SIZE: 1.311 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 100⁺ FT

PROPERTY ADDRESS: 665 SE Sulton Loop

DIRECTIONS TO PROPERTY: 90E to CR 245 to Weeks Ln to Sulton Loop, 1/2 mile around double curve on Left.

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	<u>Storage Building</u>	<u>0</u>	<u>1800</u>	<u>ORIGINAL ATTACHED</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Ricky Carroll DATE: 1-4-2023

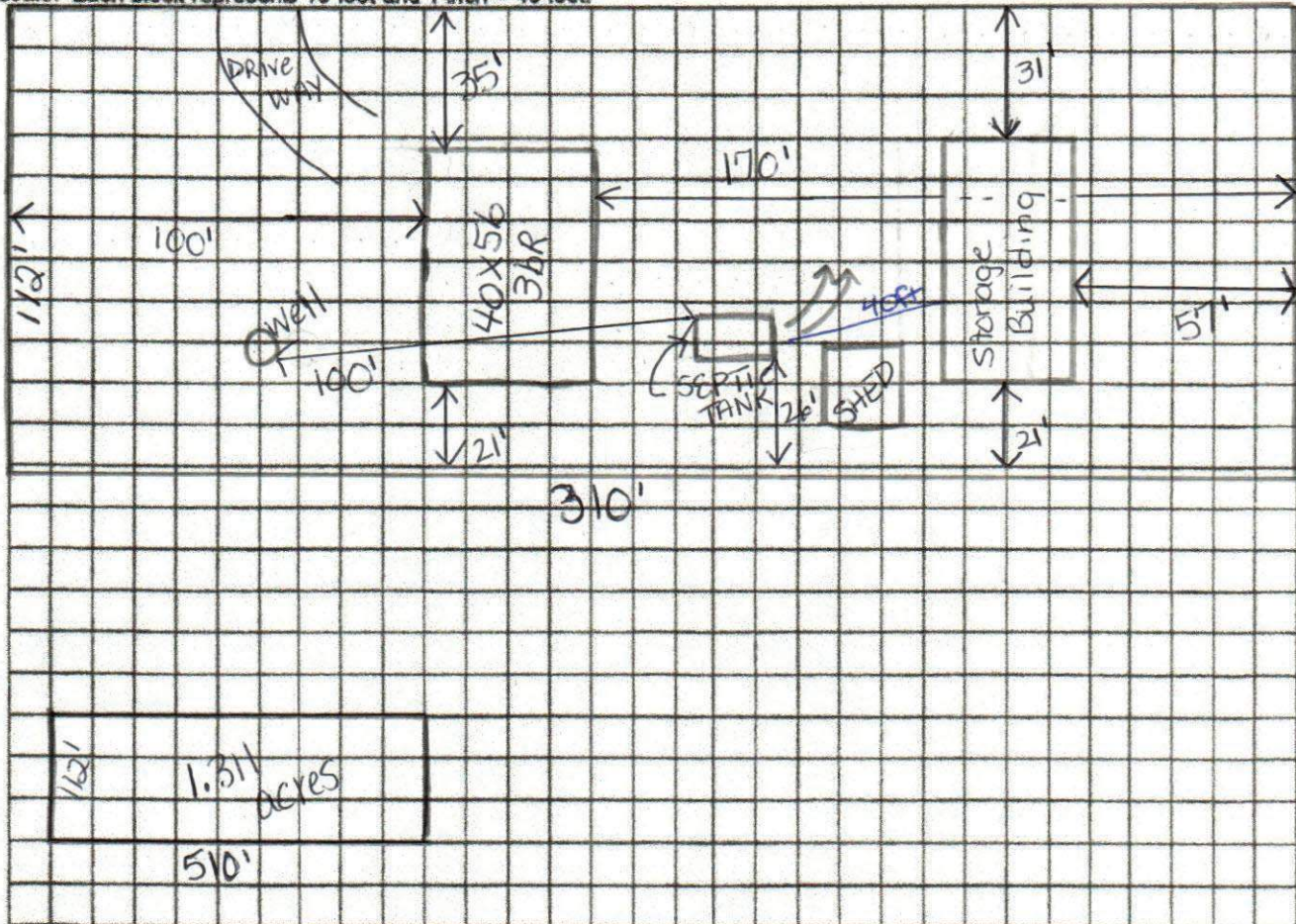
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

Page 1 of 4

Permit Application Number 23-0014

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



Notes: Permit for New Storage Building (30x60)

Site Plan submitted by:

Plan Approved

Not Approved

Date _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT