



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

PERMIT NO. 25-0493
DATE PAID: 6/1/2025
FEE PAID: 60.00
RECEIPT #: 2224895

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☐ New System
☐ Repair



Existing System
Abandonment



Holding Tank
Temporary



Innovative

APPLICANT: Ellen Van Hoy

EMAIL: lizzie@eliteoutdoorbuildings.com

AGENT: Lizzie Brooks

TELEPHONE: (386) 697-3378

MAILING ADDRESS: 266 SE Mayhall Ter, 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 #: 35-4S-17-09030-003 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 4.17 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 266 SE Mayhall Ter, Lake City, FL 32025

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>850'</u>	
2				
3				
4				

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

SIGNATURE: Ellen M. Van Hoy DATE: 6-6-2025

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

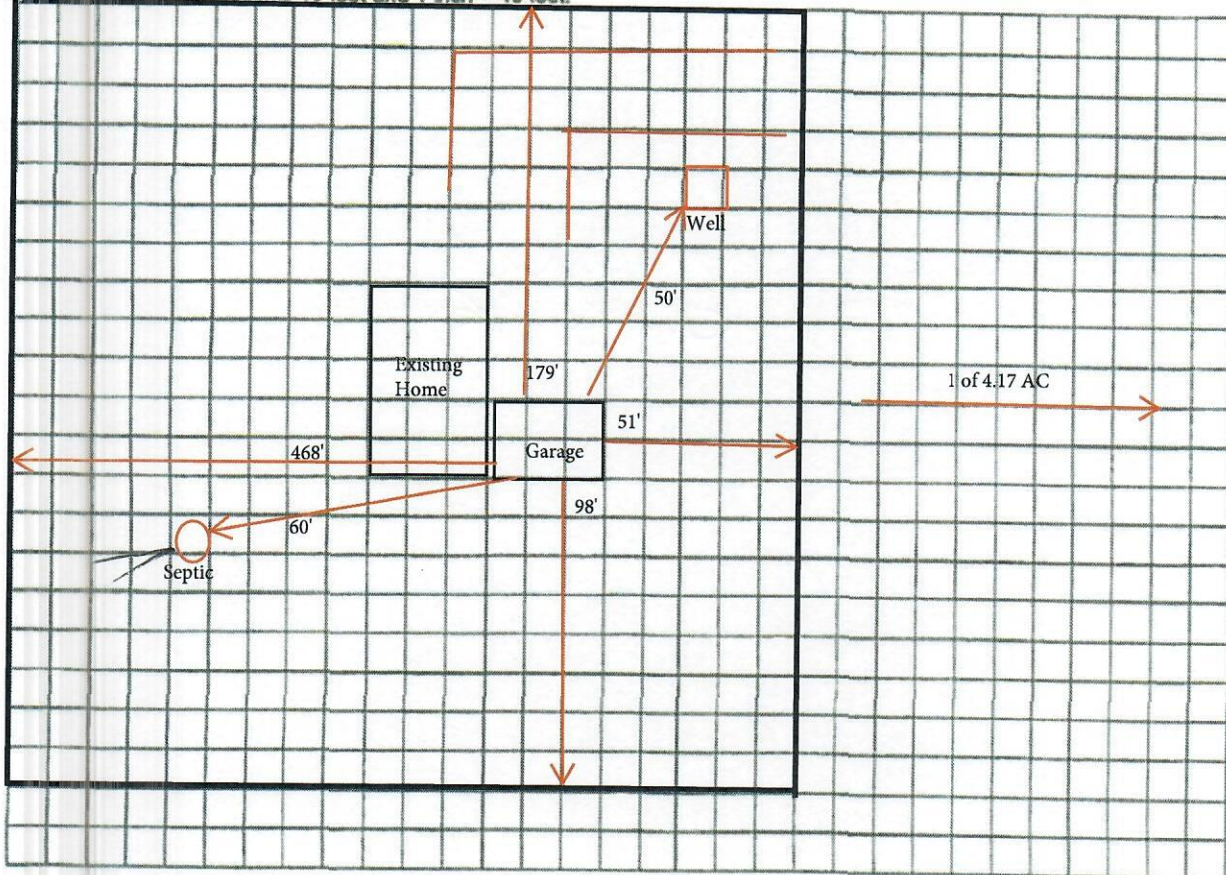
Incorporated 62-6.004, FAC

STATE OF FLORIDA
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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0443

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

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



Notes: _____ 1 of 4.17 AC

Site Plan submitted by: [Signature]

Plan Approved [Signature] Not Approved _____ Date 6/16/25
By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT