

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

DATE PAID: 9.18 FEE PAID: RECEIPT #: 2145587

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: ISmael MendozA EMAIL: Journey walk 782 Gmail. com
AGENT: Demour D. MARTINEZ TELEPHONE: 3863443000
MAILING ADDRESS: 195 NW Flamingo 61er lake city 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 INTORMATION OSTDS REMEDIATION PLAN? [Y / N]
LOT: 10+17 BLOCK HOLF SUBDIVISION: NORTHWOOD AUS. PLATTED:
PROPERTY ID #: $01946-029$ ZONING: I/M OR EQUIVALENT: [Y/N]
PROPERTY SIZE: 2 ACRES WATER SUPPLY: [4] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 195 NW Flamingo GW.
DIRECTIONS TO PROPERTY:
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
2 Shed 1800
2
3
[] Floor/Equipment Drains [) Other (Specify) SIGNATURE: DATE: 9-12-24
DATE:

Incorporated 62-6.004, FAC

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Permit Application Number 24- 676 4

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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.