



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

PERMIT NO: 24-8159
DATE PAID: 2/14/24
FEE PAID: \$0.00
RECEIPT #: 2040982

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Christopher and Mary Kay Garcia EMAIL: zecheroffice@gmail.com

AGENT: Bryan Zecher Construction TELEPHONE: 386-752-8653

MAILING ADDRESS: 2370 SW SR 47, Lake City, FL 32025

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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.

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PROPERTY INFORMATION

OSTDS REMEDIATION PLAN? ☐ Y / ☐ N

LOT: 21 BLOCK: _____ SUBDIVISION: Oaks of Lake City PLATTED: _____

PROPERTY ID #: 18-5S-17-09280-121 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 2.27 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 668 SW Mandiba Dr, Lake City, FL 32024

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>SF Residential</u>	<u>3</u>	<u>3443</u>	<u>23-08/4</u>
2	<u>Detached Garage</u>		<u>1416</u>	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____ DATE: 2/15/24

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

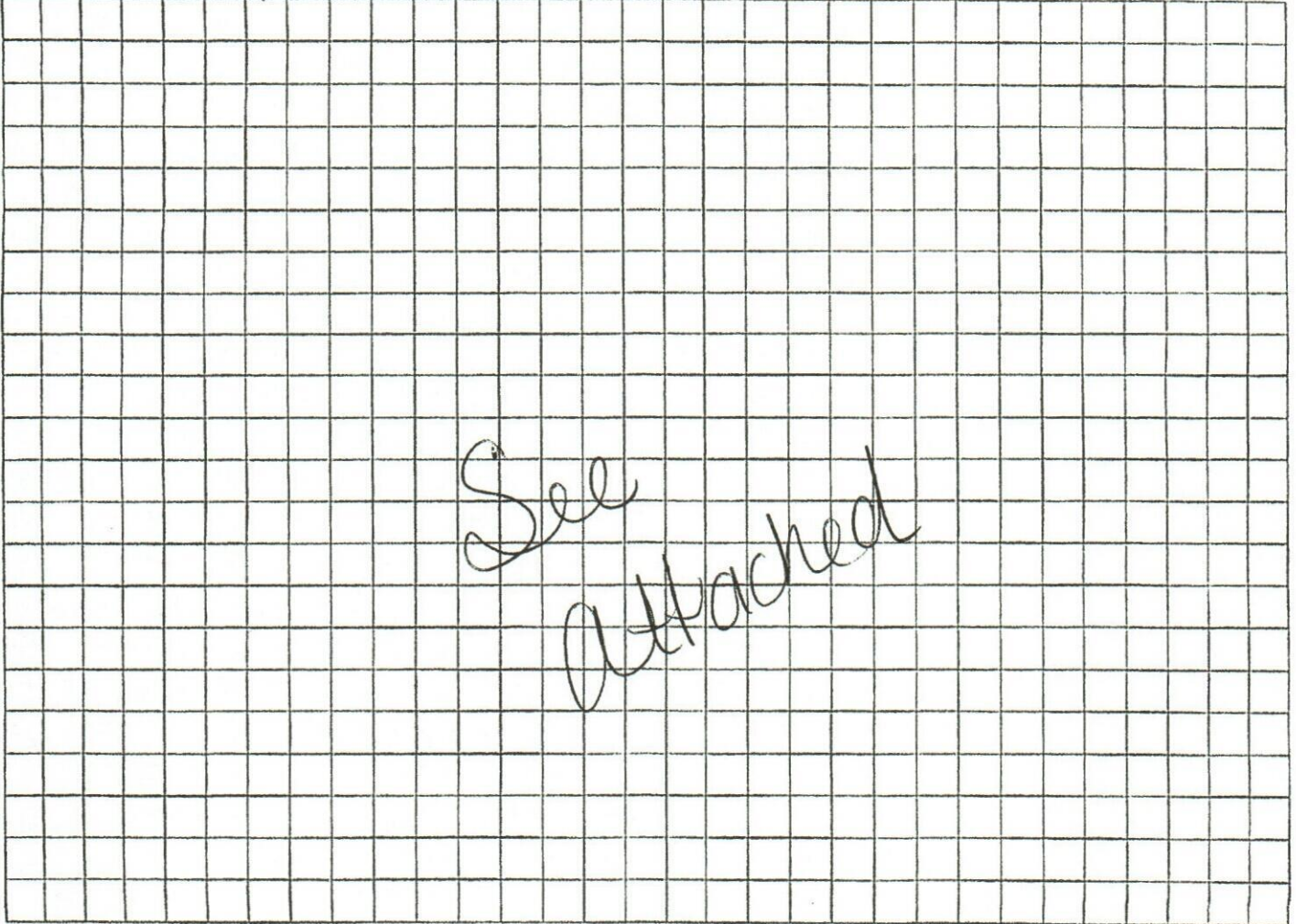
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0150

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

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



Notes: _____

Site Plan submitted by: Pres TITLE _____ DATE: 2/14/24

Plan Approved X Not Approved _____ Date 2/26/24

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

