

3

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

72.6596

DATE PAID: 7-1-22
FEE PAID:

RECEIPT #: 3/0.00

APPLICATION FOR CONSTRUCTION PERMIT
[X] New System [] Existing System [] Holding Tank [] Innovation
APPLICANT: Martinez Houseant Homes
MAILING ADDRESS: 1490 NE 1300 St. Trenton, FL. 32693
TO BE COMPLETED BY
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
LOT: 26 BLOCK: SUBDIVISION: Meadowlands  PLATTER
FROPERTY ID #: 06-65-17-09617-226 ZONING: I/M OR ROWERS
ACRES WATER SUPPLY: [K] PRIVATE DUDING
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / P] DISTANCE TO SEWER: FT
ON Manda I I
THE TUSTED INDUCES TO TO
property will be on R.
BUILDING INFORMATION [K] RESIDENTIAL [ ] COMMERCIAL
UNIT TYPE OF
No Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC
SFR 4 1493

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

SIGNATURE: DATE: 629-20

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 23-0594

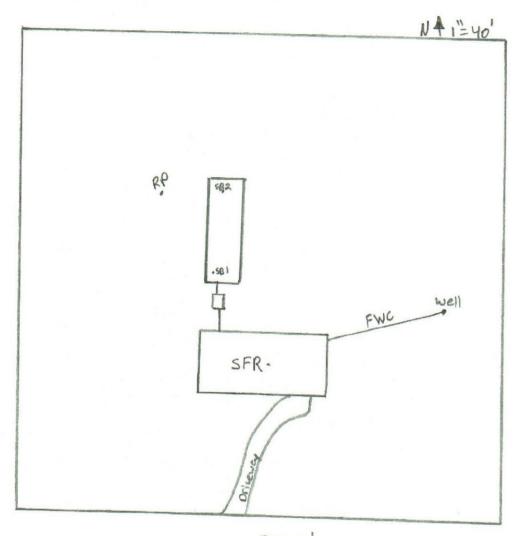
(A. 100)				repre					PART		40	31/25									
e:	Eac	h ble	ock,	repre	sent	s 10 i	feet :	and	1 inc	1=3	8 fee	ot.									
																					T
												_			1	-	+	+	-	-	+
						1				+-		+	+	-	+	+	+		-	-	-
		_	+	+++	+	+	-	-	-	+-	_	_			-						
-	-	+	+-	-	+	-		-													
																					$\vdash$
															-	+-	+-		-	_	-
						$\vdash$	+		-	+-		+	-	-	-	-	-		-	-	_
		_	+		+	++	_		-	-	1	-			1	1	1				
		+	+-	-	+	-	-	+-		-	) 6	1	,	(	1	1	1	1	11	10	
-	_	-										-	-		C	-	-	-0	en	LK	
_																					
																1	-		39	-	-
					1		1		_	+-+	+	+-		-	-	+	+-		_	-	L
	+	+	+	-	+		+	1	-	+-	+	-	-	-			_				
-	+	+	+	-	+		-														
-	+	-	-	-	_																
												1				+		-	+	-	_
											+	+		-	+	+		-	-	-	_
					+		+		+		+	+-		_	_	+		1	_		
+	-	+		-	+		-	-				-							1		
+	+	+	-	-	-		-														100
1	-		1																	1	
																1		-	+	1	_
: _					111				-												
														-							
									-						-				-		
				-	7			1													
				V			1	_													
lan	subn	nitted	by:	DO	mea	an /	The	cen	A	gent:		Own	ner:			Da	te.	6.	0-	77	
Approved							Not Approved								Date: 6-29-22 Date 11422						
				>													D	ate	716	Depa	

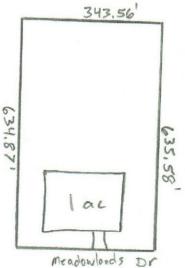
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

22-0596

Martin Martinez
279 SW Meadowlands Dr.
Lake City, 32056
(House craft Homes)

4-29-22





Hower 21-2064 6-29-22