



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

PERMIT NO. 25-0140
DATE PAID: 4/15/25
FEE PAID: 200.00
RECEIPT #: 2204790

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[] New System [x] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Justin Wilson

EMAIL: lillian@eliteoutdoorbuildings.com

AGENT: Lillian McDaniel

TELEPHONE: 386-628-1819

MAILING ADDRESS: 490 Sw Precision Loop, Lake City, FL 32024

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: 889 BLOCK: _____ SUBDIVISION: Shady Acres PLATTED: _____

PROPERTY ID #: 27-43-16-03216-008 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.43 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 490 Sw Precision Loop, Lake City, FL 32024

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

[x] 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>1200</u>	
2				
3				
4				

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

SIGNATURE: _____

DATE: 4/12/25

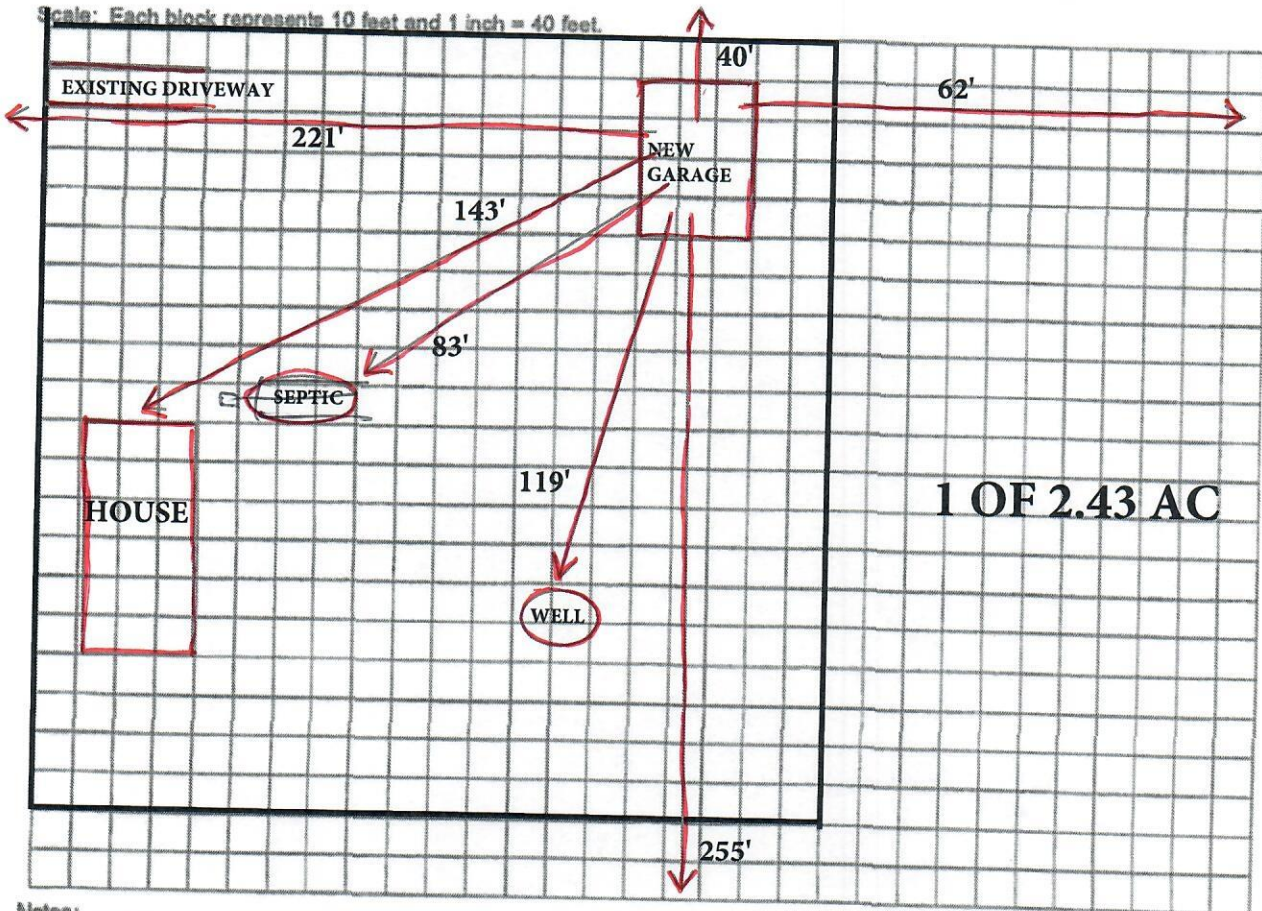
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0340

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

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



Notes: _____

Site Plan submitted by: Lillian K. Davis

Plan Approved ☒

Not Approved ☐

By _____

[Signature]

Columbia

Date 4/24/25

County Health Department

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.