



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

PERMIT NO. 24-0306  
DATE PAID: 4/11/24  
FEE PAID: 600.00  
RECEIPT #: 2062352

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: STEPHEN STANKIEWICZ EMAIL: SRSTANKIEWICZ@GMAIL.COM

AGENT: SELF TELEPHONE: 407 474 6325

MAILING ADDRESS: 563 SW PINEHURST DR 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: 16 BLOCK: 15 SUBDIVISION: FIRST COUNTRY GOLF ADD PLATTED: 12/15/2021

PROPERTY ID #: 22-45-16-0308 ZONING: 16 I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: .6 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: 0 FT

PROPERTY ADDRESS: 563 SW PINEHURST 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>SHED</u>	<u>0</u>	<u>120 SF</u>	<u>Original 2021 21-0447</u>
2				
3				
4				

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

SIGNATURE: Stephen Stankiewicz DATE: 4/10/2024

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

Incorporated 62-6.004, FAC

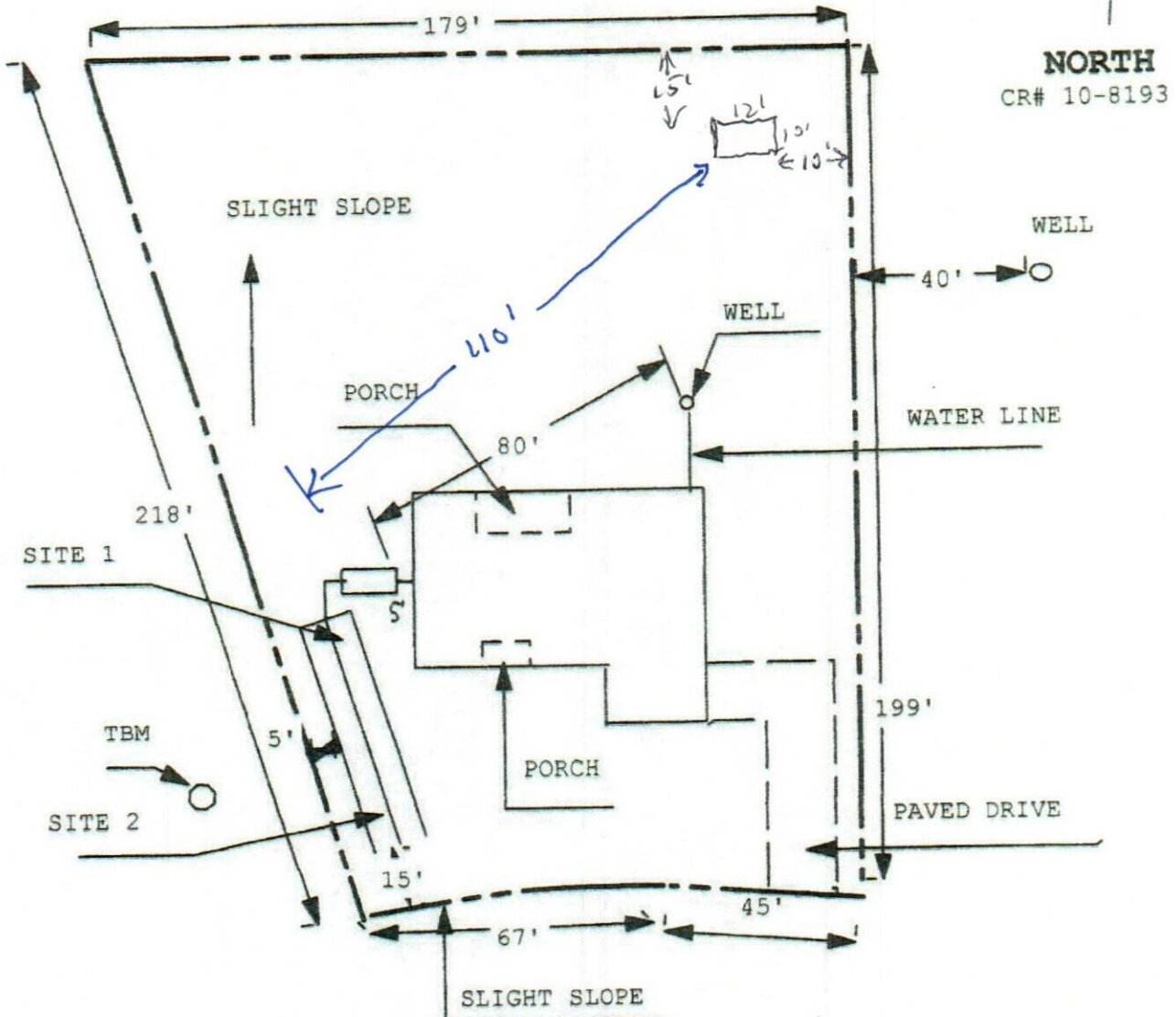


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0304

Stankiewicz

PART II - SITEPLAN



Submitted By: [Signature] 4/10/2024 1 INCH = 40 FEET

Plan Approved [Signature] Not Approved [Signature] Date 4/15/24  
By [Signature] ESS Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT