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

PERMIT NO. 24-0714  
DATE PAID: 21/24/24  
FEE PAID: 425.00  
RECEIPT # 2141221

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System       Existing System       Holding Tank       Innovative  
 Repair       Abandonment       Temporary     

APPLICANT: CURTIS JONES

EMAIL: CJCUSTOMCARPENTRYINC@gmail.com

AGENT:

TELEPHONE: 039-571-0699 (cell)

MAILING ADDRESS: 222 SW CROSS POINTE CT, LAKE CITY, FL 32054

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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 16-4S-16-03026-004 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y /  ]

PROPERTY SIZE: 1.82 ACRES WATER SUPPLY:  PRIVATE PUBLIC  <=2000GPD  >2000GPD

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

PROPERTY ADDRESS: 451 SW LEGION DR, LAKE CITY, FL 32054

DIRECTIONS TO PROPERTY: 90 WEST TO 247 TO TAMARACK LP (RT)-  
LEFT ON SW LEGION DR 1/2 WAY UP ON RIGHT SIDE.

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	SINGLE FAMILY	4	2068	<input checked="" type="checkbox"/>
2				
3				
4				

Floor/Equipment Drains  Other (Specify) \_\_\_\_\_

SIGNATURE: Curtis Jones

DATE: 9/00/24

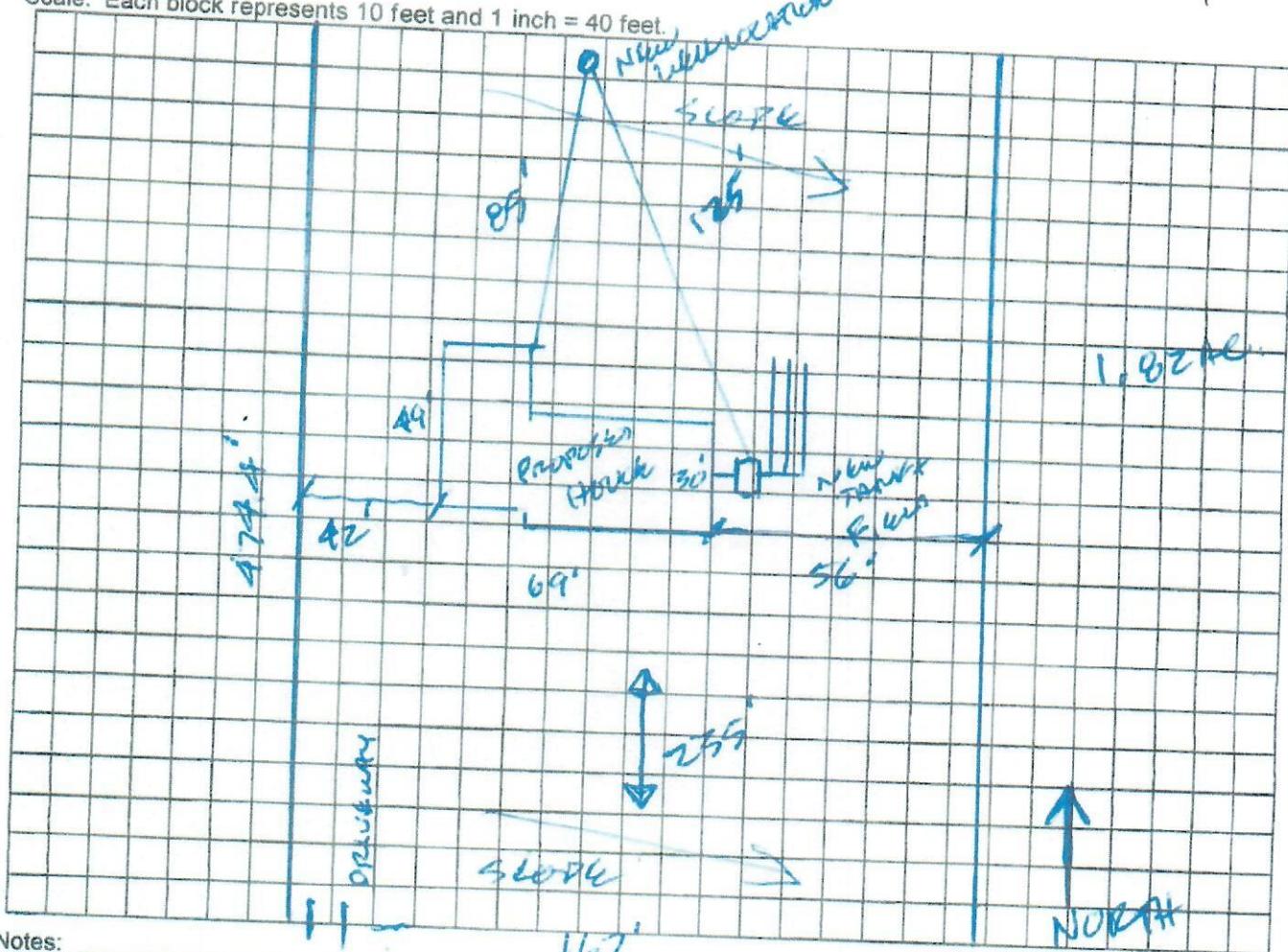
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

STATE OF FLORIDA  
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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number DT-0714

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



Notes: \_\_\_\_\_

Site Plan submitted by: Contractor

Plan Approved ✓

By \_\_\_\_\_

Not Approved \_\_\_\_\_

Date 9/16/24

County Health Department  
10/15/24

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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Incorporated: 62-6 004, F.A.C.