



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

PERMIT NO. 25-0851
DATE PAID: 11/10/25
FEE PAID: \$100.00
RECEIPT #: 2246539

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Paula Ehrlich

EMAIL: lillian@eliteoutdoorbuildings.com

AGENT: Lillian McDaniel

TELEPHONE: 352-226-4968

MAILING ADDRESS: 938 SW Homestead Circle, Fort White, FL 32038

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: 17 BLOCK: A SUBDIVISION: Old Wire Farms PLATTED: _____

PROPERTY ID #: 14-65-16-03818-117 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 4.07 ACRES WATER SUPPLY: [] PRIVATE PUBLIC []<=2000GPD []>2000GPD

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

PROPERTY ADDRESS: 938 Sw Homestead Circle Fort White, FL 32038

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>Detached Accessory</u>	<u>0</u>	<u>400</u>	<u>Original found.</u>
2	_____	_____	_____	_____
3	_____	_____	_____	<input type="checkbox"/>
4	_____	_____	_____	_____

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Paula Ehrlich

DATE: 10/31/25

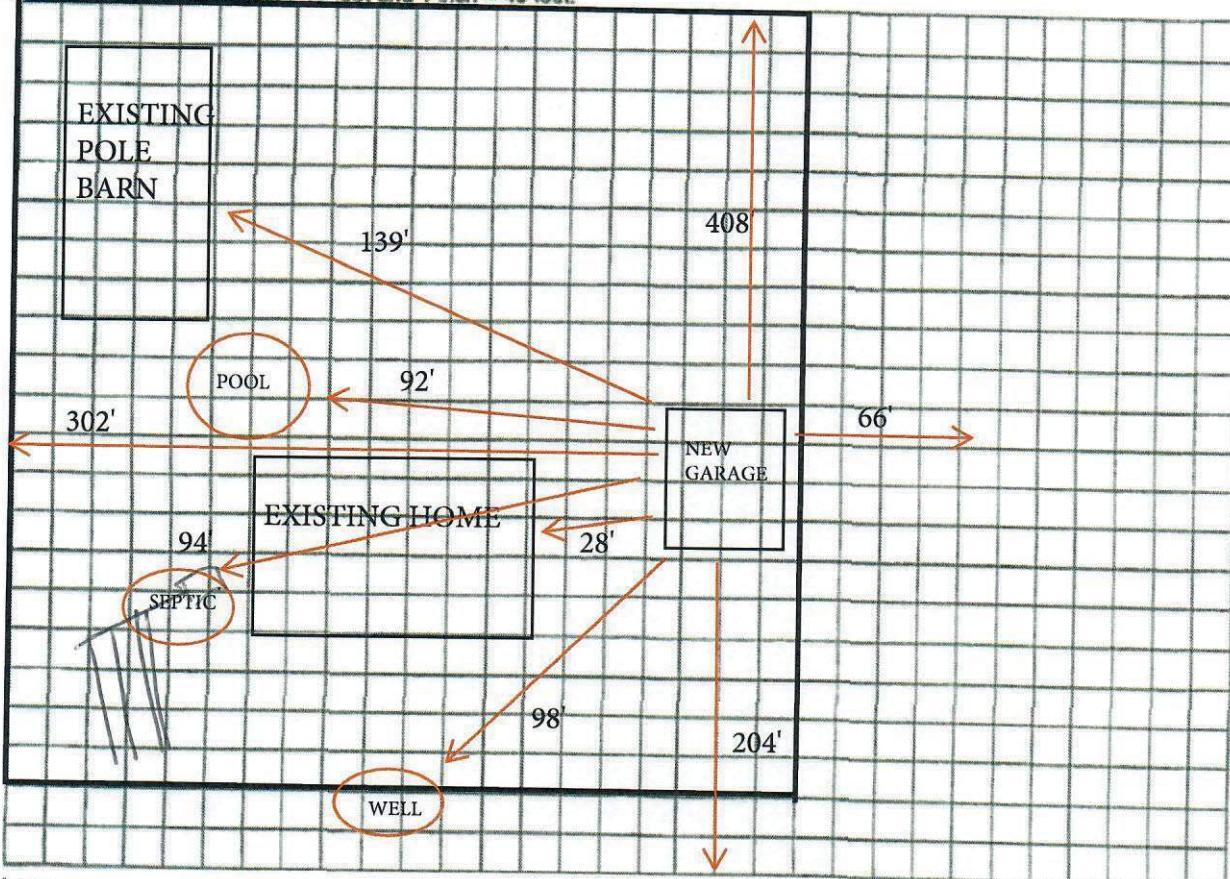
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

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

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



Notes: _____

Site Plan submitted by: Lillian McDaniel

Plan Approved ✓
By _____

Not Approved _____
Columbia

Date 11/14/25
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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