



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

PERMIT NO. 24-0198
DATE PAID: 2/28/24
FEE PAID: 205.20
RECEIPT #: 2042244

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Barbara Phillips EMAIL: mike@miketoddconst

AGENT: miketodd TELEPHONE: 386-867-0477 com

MAILING ADDRESS: 207 NW Palmetto Blvd Lake city FL 32055

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 #: 08-45-17-08161-00 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: .5 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 1045W Ponce de Leon Ave.

DIRECTIONS TO PROPERTY: Hwy 41 South, R on Ponce de Leon

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>3pl. Family</u>	<u>2</u>	<u>2611</u>	<u>Combining Kit & bdrm</u>
2	<u>Garport</u>	<u>1</u>	<u>437</u>	<u>Garport To bed room</u>
3				
4				<u>(Bdrm's will still be 3)</u>

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: miketodd DATE: 2/27/24

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Permit Application Number 24-0193

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

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

See attached																																																																															

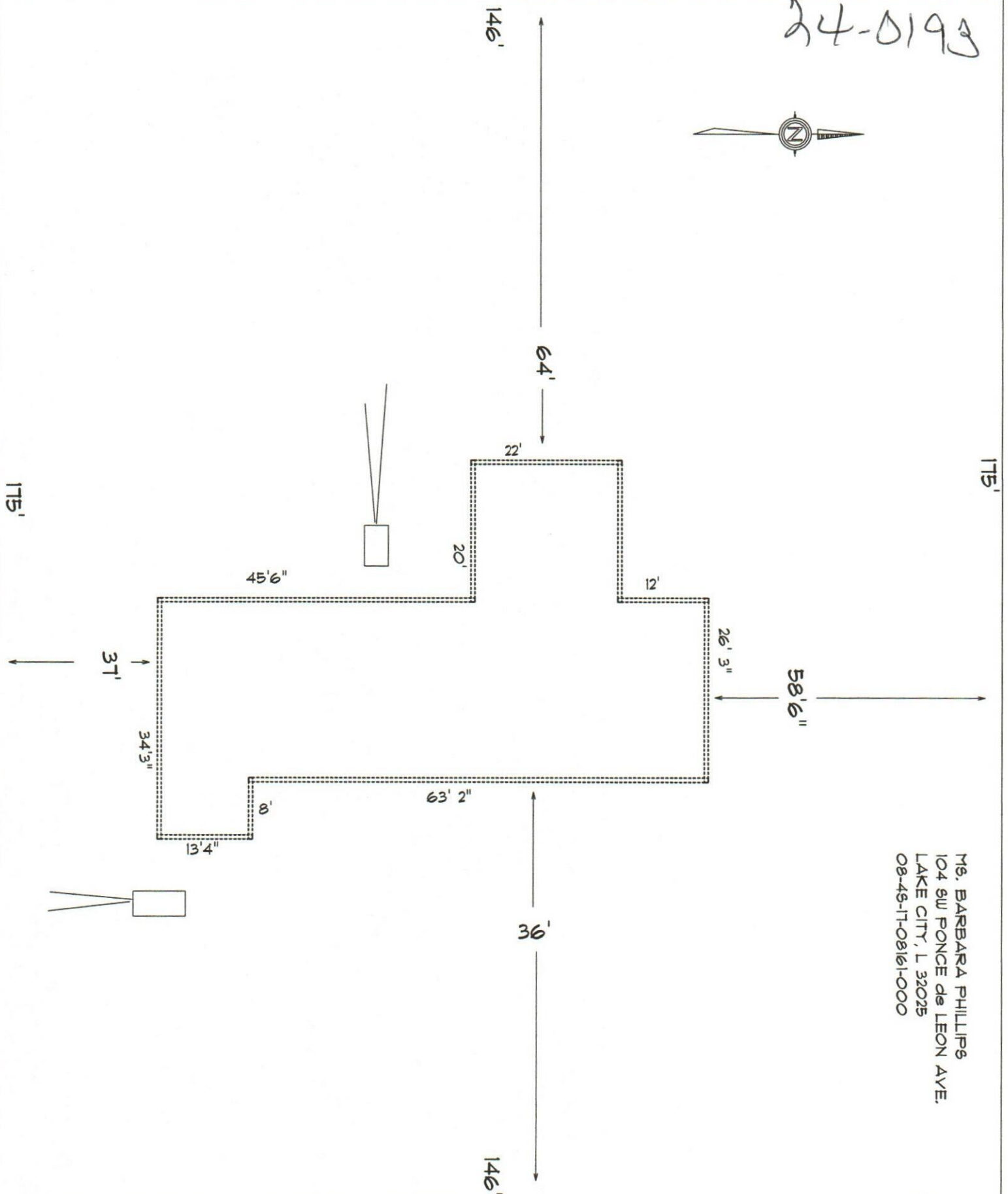
Notes: _____

Site Plan submitted by: Mike Todd

Plan Approved ☒ By Sally Ford Not Approved ☐ By _____ Date 3-4-24
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

24-0193



MS. BARBARA PHILLIPS
104 SW PONCE de LEON AVE.
LAKE CITY, L 32025
08-45-17-08161-000

SW PONCE de LEON AVE.