



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

PERMIT NO. 24-0308
DATE PAID: 3-17-24
FEE PAID: 600.00
RECEIPT #: 2064092

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: James Milewski & Gloria NIQUETTE EMAIL: MilewskiJM@hotmail.com

AGENT: _____ TELEPHONE: 386 6973446

MAILING ADDRESS: 208 SW Fabian Way 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: 15 BLOCK: 3 SUBDIVISION: Shady Oaks AC 42 PLATTED: _____

PROPERTY ID #: 20-45-14-03079-033 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 1.36 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 208 SW Fabian Wy 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>Single Family home</u>	<u>3</u>	<u>1700</u>	
2	<u>shed</u>	<u>0</u>	<u>0 open floor plan</u>	<u>624 sqft</u>
3				
4				

ORIGINAL ATTACHED

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Glenn Regan DATE: 4/11/24

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.

See attached

Notes: _____

Site Plan submitted by: *[Signature]* 4/11/24
Plan Approved ☒ *[Signature]* Not Approved _____ Date 4/16/24
By *[Signature]* ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

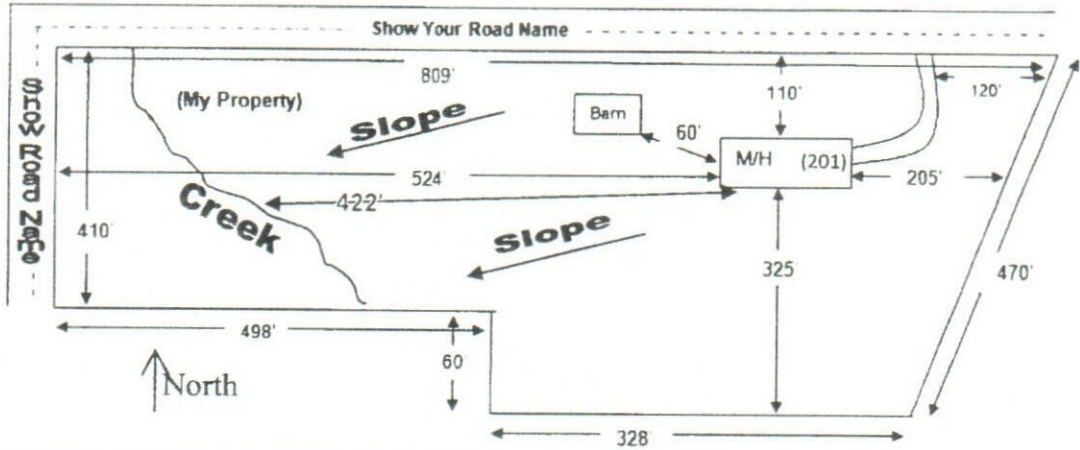
SITE PLAN CHECKLIST

24-0308

- ___ 1) Property Dimensions
- ___ 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- ___ 3) Distance from structures to all property lines
- ___ 4) Location and size of easements
- ___ 5) Driveway path and distance at the entrance to the nearest property line
- ___ 6) Location and distance from any waters; sink holes; wetlands; and etc.
- ___ 7) Show slopes and or drainage paths
- ___ 8) Arrow showing North direction

SITE PLAN EXAMPLE

Revised 7/1/15



NOTE:

This site plan can be copied and used with the 911 Addressing Dept. application forms.

