

Incorporated 62-6.004, FAC

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

DATE PAID: FEE PAID: RECEIPT #:

## APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary 1 []  APPLICANT: DAVID A TWEE THE EMAIL: 15h 1 9 mail comm
321-888-1927
MAILING ADDRESS: 241 SE CAMERON TER
13E City Th 32025
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: U BLOCK: 4 SUBDIVISION: GOLF MANAY PLATTED:
PROPERTY ID #: 33-35-17-267961 ZONING: I/M OR EQUIVALENT: [Y/N]
PROPERTY SIZE: ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ /]<=2000GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: FT
PROPERTY ADDRESS: 241 SE CAMERON TER, Lake City, FL 32025-6295
PROPERTY ADDRESS:
DIRECTIONS TO PROPERTY:
BUILDING INFORMATION [ ] RESIDENTIAL [ ] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design
No. Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC
1 Storage Building O 288ORIGINAL ATTACHED
3
4
[ ] Floor/Equipment Drains /[ ] Other (Specify)
SIGNATURE X LOCAL TO FULL DATE: 1/9/2024
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
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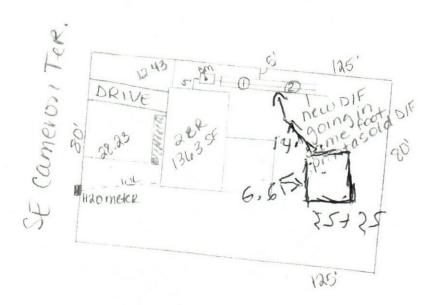
## STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 34-0138

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

Scale: 1 inch = 40 feet.

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Site Plan submitted by:

Plan Approved

By

Alle

And

EH Director

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT