



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

PERMIT NO. 25-0219
DATE PAID: 3.6.25
FEE PAID: \$60.00
RECEIPT #: 2197237

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Greg Dent EMAIL: lizzie@eliteoutdoorbuildings.com

AGENT: Lizzie Brooks TELEPHONE: _____

MAILING ADDRESS: 654 SE Bald Eagle Loop, Lake City, FL 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: 15th BLOCK: A SUBDIVISION: Olustee Creek Estates PLATTED: _____

PROPERTY ID #: 02-65-17-09533-215 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 21.3 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: 654 SE Bald Eagle Loop, Lake City, FL 32025

DIRECTIONS TO PROPERTY: _____

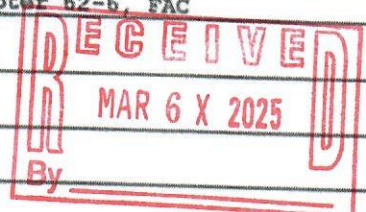
BUILDING INFORMATION

☐ RESIDENTIAL

☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
----------	-----------------------	-----------------	--------------------	---

1	Accessory Structure	0	1,080	
2				
3				
4				



[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Gregory A Dent DATE: _____

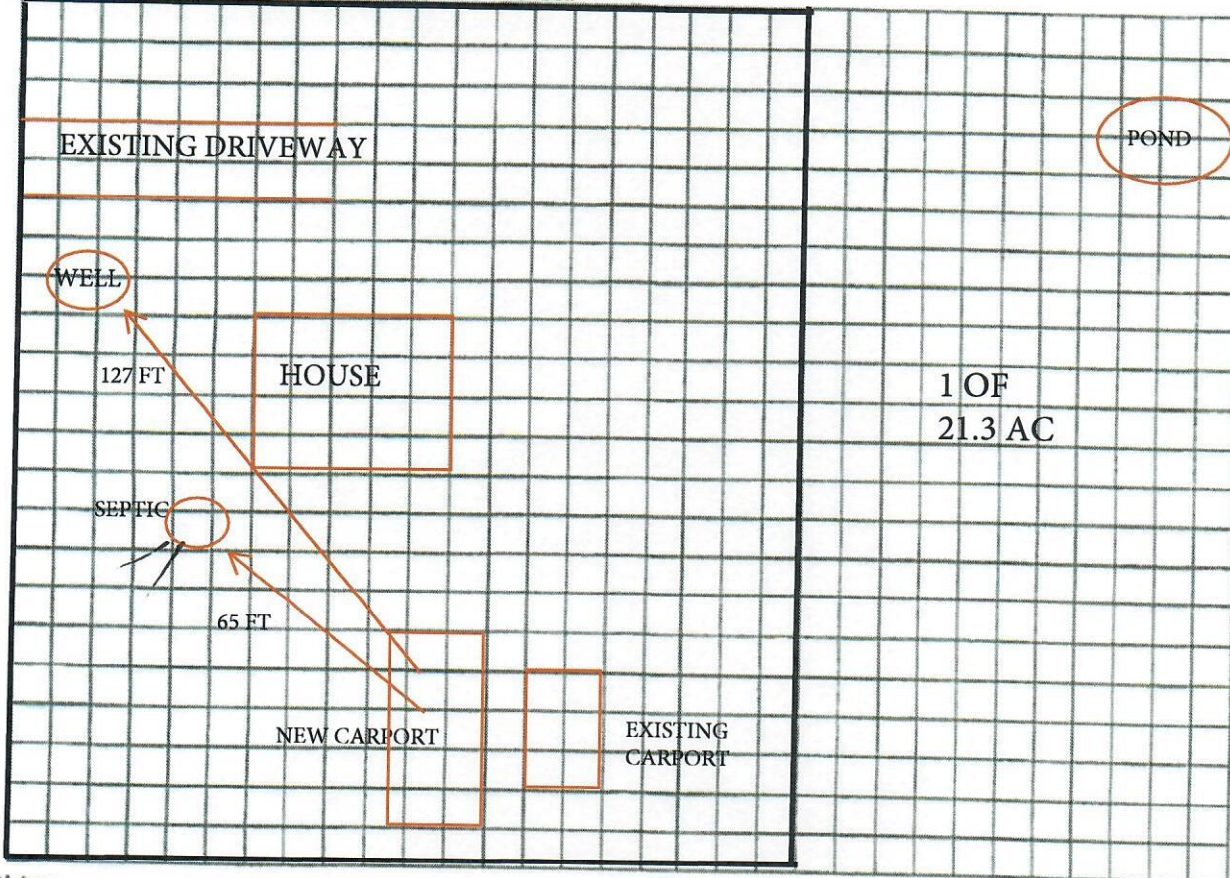
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0219

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

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



Notes: _____

Site Plan submitted by: Sigrid Velt

Plan Approved [Signature]

Not Approved _____

By [Signature]

Date 3/10/25

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated: 62-6.004, F.A.C.