



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

PERMIT NO. 25-0031
DATE PAID: 7/24/25
FEE PAID: 22.98
RECEIPT #: 288478

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Ken Roche

EMAIL: lizzie@eliteoutdoorbuildings.com

AGENT: Lizzie Brooks

TELEPHONE: (386)678-7433

MAILING ADDRESS: 187 SW Sunnydale Gln, 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: 2 BLOCK: A SUBDIVISION: Southwood AC PLATTED: _____

PROPERTY ID #: 36-4S-16-03345-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.53 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 187 SW Sunnydale Gln, 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	Accessory Structure	0	1,080	<u>No Orig Permit 1971</u>
2				
3				
4				

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

SIGNATURE: Ken Roche

DATE: _____

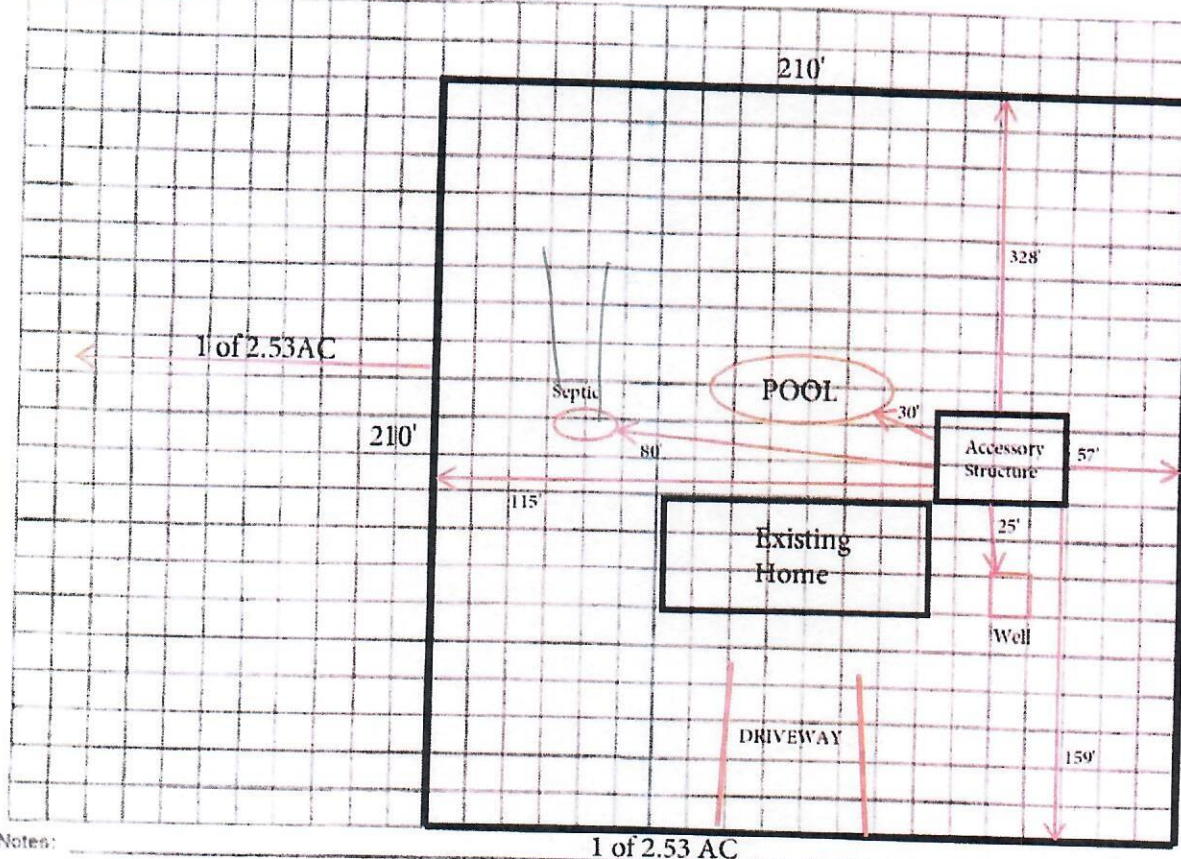
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

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Permit Application Number _____

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

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



Notes: _____

1 of 2.53 AC

Site Plan submitted by: _____

Plan Approved _____

Not Approved _____

Date 2/6/25

By _____

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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Rec'd 1/27/35