



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

PERMIT NO. 22-0707
DATE PAID: 8/17/22
FEE PAID: 100.00
RECEIPT #: 1875930

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: George & Christine Magalhães EMAIL: gmat9magalhães98@yahoo.com
AGENT: _____ TELEPHONE: 540-840-4733
MAILING ADDRESS: 106 SW Jack Gln Lake City

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: 4 BLOCK: M SUBDIVISION: Picadilly Park PLATTED: _____

PROPERTY ID #: 4-45-16-03116-042 ZONING: SF I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .97 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 106 SW Jack Gln

DIRECTIONS TO PROPERTY: Hwy 47 S to CR 242 TR Follow to Quincy ST TR Follow to SW Jack gln TR Follow To Site on Right

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>LR Addition to SF Res</u>	<u>0</u>	<u>504</u>	<u>(built 2018)</u>
2				
3				
4				

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

SIGNATURE: Guy Angell DATE: 8-17-22

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 22-0707

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

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

SEE ATTACHED																																							
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Notes: _____

Site Plan submitted by: Gregory M. Gagliardi

Plan Approved ☒ Not Approved ☐ Date 8-17-22

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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Incorporated: 62-6.004, P.A.C.

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