

SSO 226385957



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

PERMIT NO. 23-0587
DATE PAID: 8/14/23
FEE PAID: 425.00
RECEIPT #: 1982254

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Swanne valley properties EMAIL: Swproperties@gmail.com

AGENT: _____ TELEPHONE: 386-590-0642

MAILING ADDRESS: 5177 260th ter Branford Fl

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: 14 BLOCK: B SUBDIVISION: Pine Hills Add PLATTED: _____

PROPERTY ID #: 28-25-16-01772-064 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☒ N

PROPERTY SIZE: 1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: TBD

DIRECTIONS TO PROPERTY: Take 41 toward white springs turn left on Barghn rd
go down to Parnell make left then left on rebel pl second driveway
on left side.

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>mobile home</u>	<u>3</u>	<u>1680</u>	<u>Not BMAP</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 8/14/23

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.

Notes: _____

Site Plan submitted by: James L. Cunningham

Plan Approved [Signature]

Not Approved _____

By _____

Date 8/22/23

County Health Department

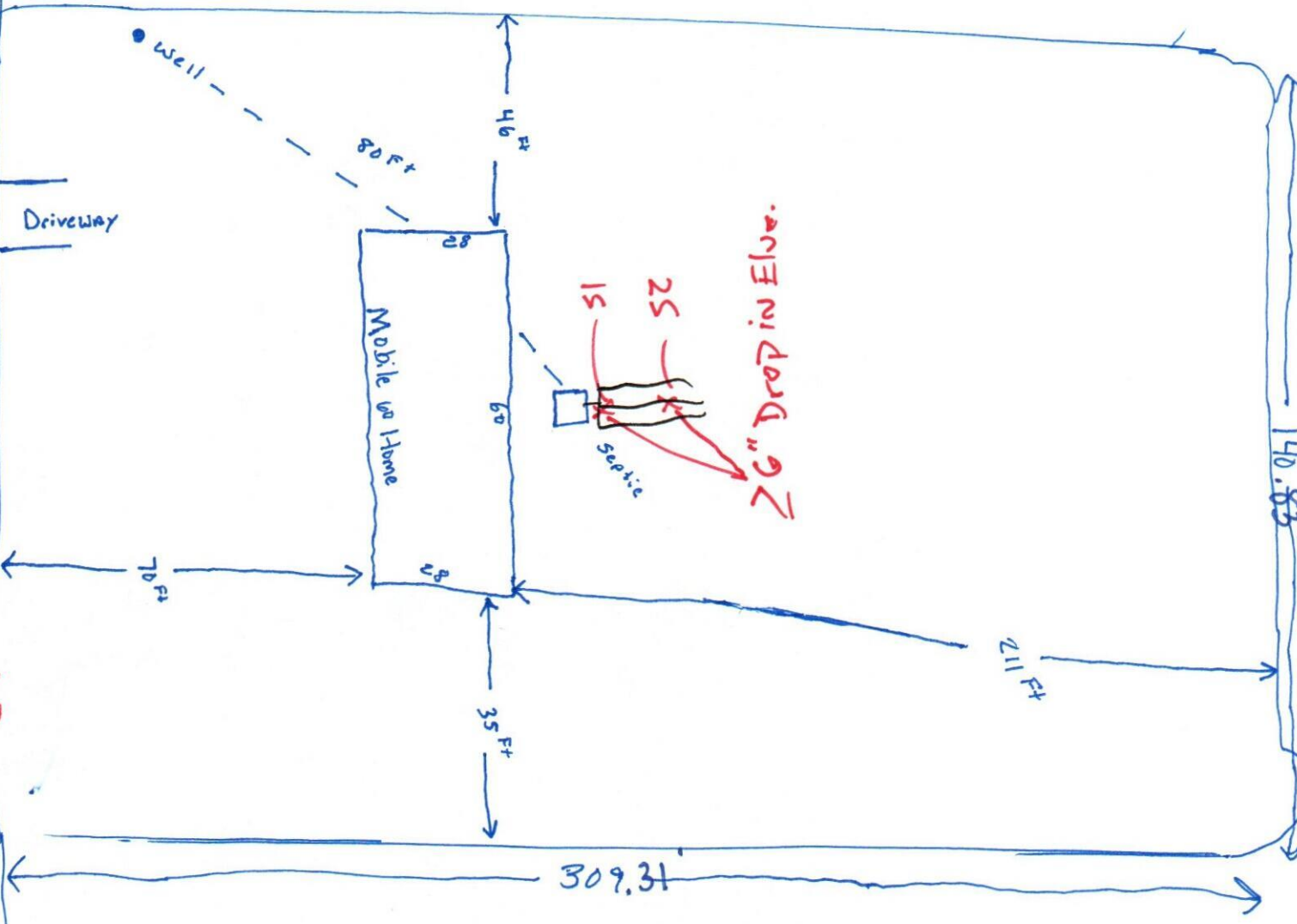
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

3b/2ba
1680 sq ft

Nw Rebel Pl
VMS 10



23-0587

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