

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

DATE PAID FEE PAID: RECEIPT #

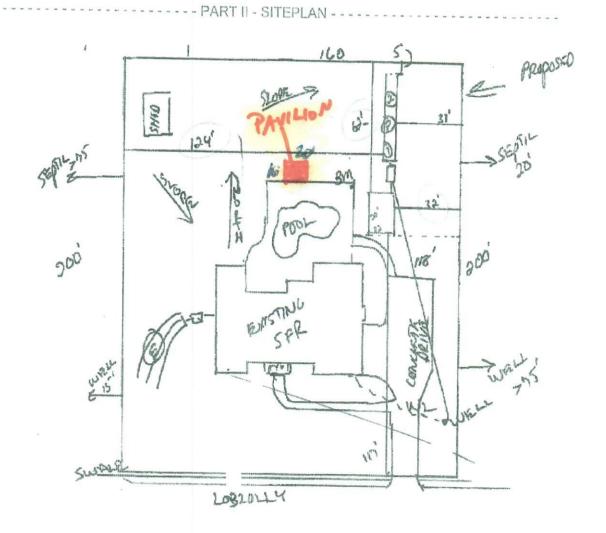
Page 1 of 4

## APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR: [ ] New System [ X] Existing S [ ] Repair [ ] Abandonment	ystem [ ] Holding Tank [ ] Innovative t [ ] Temporary [ ]
Chris and Dranda Lagr	EMAIL:
AGENT: Bryan Zecher	TELEPHONE: 386-752-8653
MAILING ADDRESS: 2370 SW SR 47, Lal	
TO BE COMPLETED BY APPLICANT OR APPLIC BY A PERSON LICENSED PURSUANT TO 489: APPLICANT'S RESPONSIBILITY TO PROVIDE PLATTED (MM/DD/YY) IF REQUESTING CONST	CANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED 105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR IDERATION OF STATUTORY GRANDFATHER PROVISIONS.
PROPERTY INFORMATION	OSTDS REMEDIATION PLAN? [ Y / N ]
LOT: 6 BLOCK: A SUBDIVISIO	N: Forest Country PLATTED
PROPERTY ID #: 15-4S-16-03000-106	ZOBING: I/M OR EQUIVALENT: [ Y / N ]
	PLY: [ ] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS	C? [ Y / N ] DISTANCE TO SEWER: FT
PROPERTY ADDRESS: 153 SE Lobiolly Place	
6th house on left	S, TL Forest Country, TL Long Leaf, TR Loblolly,
BUILDING INFORMATION [ ] RES	SIDENTIAL [ ] COMMERCIAL .
Unit Type of No. of Bedrooms  Pavilion	Building Commercial/Institutional System Design Area Sqft Table I, Chapter 62-6, FAC 320
2	
3	
4	
[ ] Floor/Equipment Drains ] 0	ther (Specify)
SIGNATURE:	DATE:
DEP 4015, 06-21-2022 (Obsoletes previous	us editions which may not be used)
Incorporated 62-6.004, FAC	Page 1 of 4

## STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24 - 0400



Notes:			
	h	No. of the second section of the second sec	
Site Plan submitted by:		Pres TIT	DATE 7/23/24
Plan Approved		Not Approved	Date Shirt
Ву	<b>&gt;</b>	ET2	Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT