



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

PERMIT NO. 15-8918
DATE PAID: 11/20/25
FEE PAID: 2025
RECEIPT #: 228616

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary Metal Build Garage

APPLICANT: Eric Simmons EMAIL: p.simmons17@yahoo..

AGENT: _____ TELEPHONE: 352-235-4614

MAILING ADDRESS: 2951 Mauldin Ave love.72833@yahoo.com

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: 3 BLOCK: _____ SUBDIVISION: Sunny Acres PLATTED: _____

PROPERTY ID #: 10-55 16-03525-113 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.42 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

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

PROPERTY ADDRESS: 2951 Mauldin Ave Lake City FL

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	<u>Metal garage</u>	<u>0</u>	<u>1500</u>	<u>Storage</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

APPROVED
10/15/25

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: [Signature] DATE: 11/20/25

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

Incorporated 62-6.004, FAC

2951 SW Mauldin
Ave. Lake City

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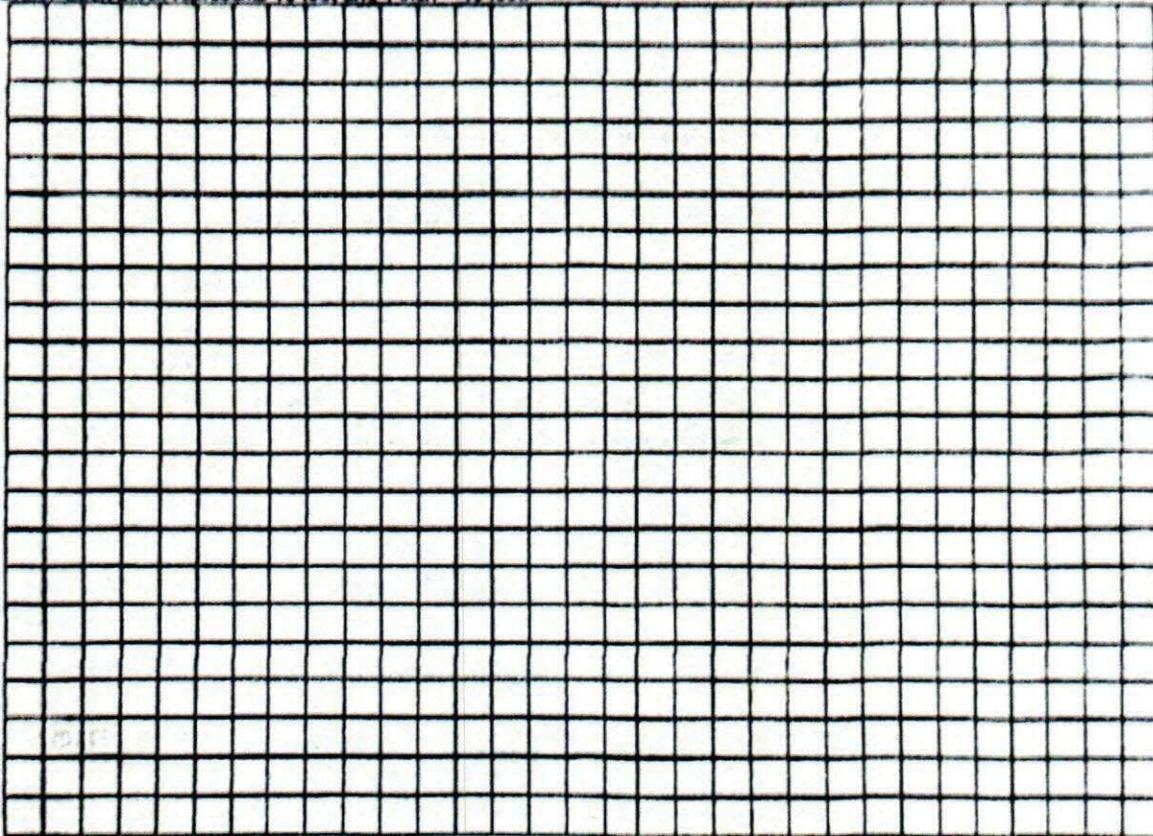
Permit Application Number

25-0918

FL

..... PART II - SITEPLAN

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



Notes:

See attached

Site Plan submitted by:

[Signature]

Plan Approved

Not Approved

Date

11/21/25

By

[Signature]

Columbia

County Health Department

12/12/25

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

