



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

PERMIT NO. 25-2509
DATE PAID: 8/18/25
FEE PAID: 86.20
RECEIPT #: 2225743

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☐ New System
☐ Repair



Existing System
Abandonment

☐ Holding Tank
☐ Temporary

☐ Innovative
☐

APPLICANT: Jan Thomas

EMAIL: lizzie@eliteoutdoorbuildings.co

AGENT: Lizzie Brooks

TELEPHONE: (386) 697-7187

MAILING ADDRESS: 330 SW Oxford CT, 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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 10-45-16-02847-002 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 4.24 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 361.0065, FS? [Y / N] DISTANCE TO SEWER: 62 FT

PROPERTY ADDRESS: 330 SW Oxford CT, 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	880'	No Dig
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Jan Thomas

DATE: 6-17-25

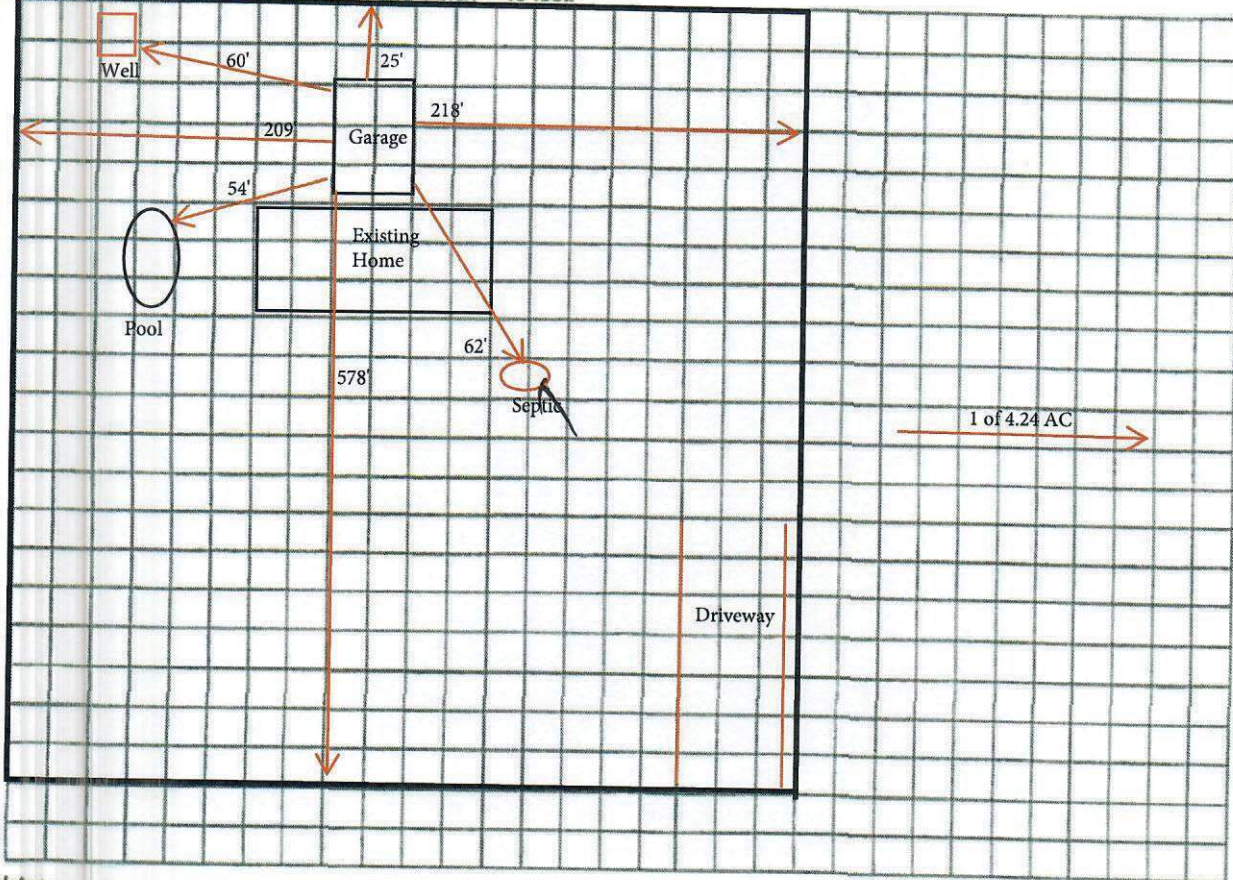
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Permit Application Number

25-0509

PART II - SITEPLAN

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



Notes:

1 of 4.24 AC

Site Plan submitted by:

Suzanne Vetter

Plan Approved

By

Not Approved

Date 6/10/25

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated: 62-6.004, F.A.C.