

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

PERMIT NO. 3-0700

DATE PAID: 1013133

FEE PAID: 310.00

RECEIPT #: 203339

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR: [X] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []			
APPLICANT: BEN MARTIN EMAIL: NFLSEPTICTANK@COMCAST.NET			
AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC TELEPHONE: 386-755-6372			
MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FL 32025			
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 LOT: 1 BLOCK: U-5 SUBDIVISION: MAYFAIR OSTDS REMEDIATION PLAN? [Y]/ N]			
PROPERTY ID #: 02-4S-16-02911-501 ZONING: I/M OR EQUIVALENT: [Y / N]			
PROPERTY SIZE: 0.7 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC []<=2000GPD []>2000GPD			
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/@] DISTANCE TO SEWER: FT PROPERTY ADDRESS: TBD SW ZIERKE DR, LAKE CITY FL			
DIRECTIONS TO PROPERTY:			
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL			
Unit Type of No. of Building Commercial/Institutional System Design No. Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC			
1 NH 3 (3)/			
2			
3			
4			
[] Floor/Equipment Drains [] Other (Specify)			
SIGNATURE: Hohowade DATE: 10-7-2023			

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

Incorporated 62-6.004, FAC

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DEPARTME	EN OF ENVIRONMENTAL DOC	TECTION 200
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	PART II - SITEPLAN IV QVTI	15
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100' from Septic	worth —>	52
28.281	1311 s ₅ ¢ ‡	187.70 20.70
	Personal Dennish	
A	Sw Zierke Dr.	
Notes:	-	
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Site Plan submitted by: Sobert Ford 999	Date: 10-2-2023	
Plan Approved		
Ву	Not Approved	Date 10/9/23
O3)	Esz ColinGa	
ALL CHANGES IN THE	DDDOVED BY THE COMM	County Health Department
THE VITANUES WILST RE A	DDDAVER BY THE ARM	

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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