



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

PERMIT NO. 24-0177
DATE PAID: 2/22/2024
FEE PAID: 200.00
RECEIPT #: 2842627

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Melissa Cobb EMAIL: Mcobb.lm+@gmail.com

AGENT: N/A TELEPHONE: 904-626-5284

MAILING ADDRESS: 552 SW Cozy Gln LC 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 #: 26-35-15-0004A-337 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 2 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ $\leq 2000\text{GPD}$ ☐ $> 2000\text{GPD}$

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

PROPERTY ADDRESS: 552 SW Cozy Gln LC FL 32024

DIRECTIONS TO PROPERTY: Hwy 90 W, turn (L) on Koonville Rd, 1st (R) on Cozy Gln - follow until dirt road splits at fence, stay (L) - Dead end in drive @ 552.

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>Barn</u>	<u>—</u>	<u>1150</u>	<u>ORIGINAL ATTACHED</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

☐ Floor/Equipment Drains ☐ Other (Specify) _____

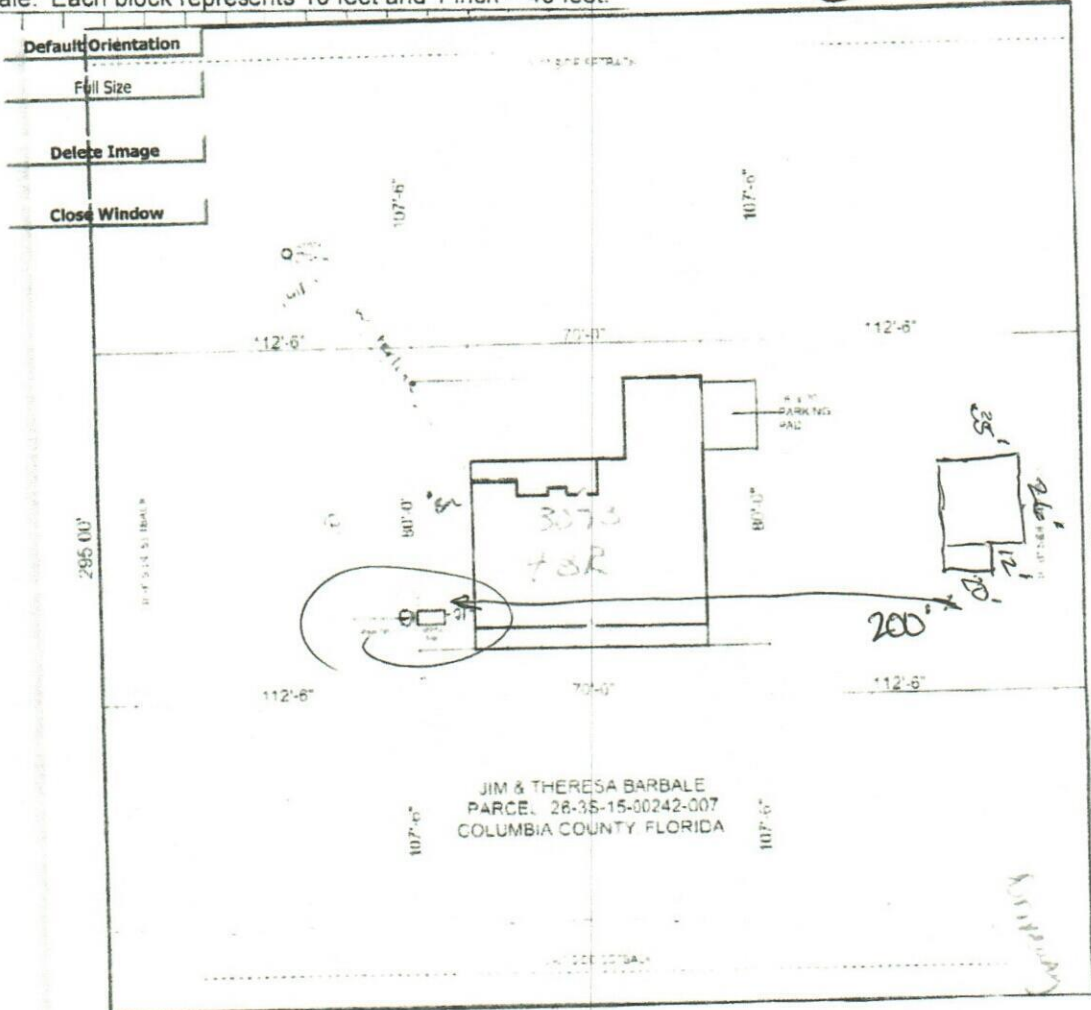
SIGNATURE: Melissa Cobb DATE: 2/22/2024

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-8177

----- PART II - SITEPLAN -----

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



Site Plan submitted by: [Signature]

Plan Approved [Signature]

Not Approved _____

Date 7-4-24

By [Signature]

Galli Ford EH Director Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT