



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

PERMIT NO. 24-0639
DATE PAID: 8/14/24
FEE PAID: \$60.00
RECEIPT #:

2119382

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Denise Novak

EMAIL: denisawilliams@novak.net
TELEPHONE: 352-222-4938

AGENT: N/A

MAILING ADDRESS: PO Box 2252, High Springs, FL 32655

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: N/A PLATTED: _____

PROPERTY ID #: 04312-006 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 10.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 712 SW Spirit Ave, Fort White, FL 32038

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>shed</u>	<u>1</u>	<u>11650</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: [Signature] DATE: 8/9/24

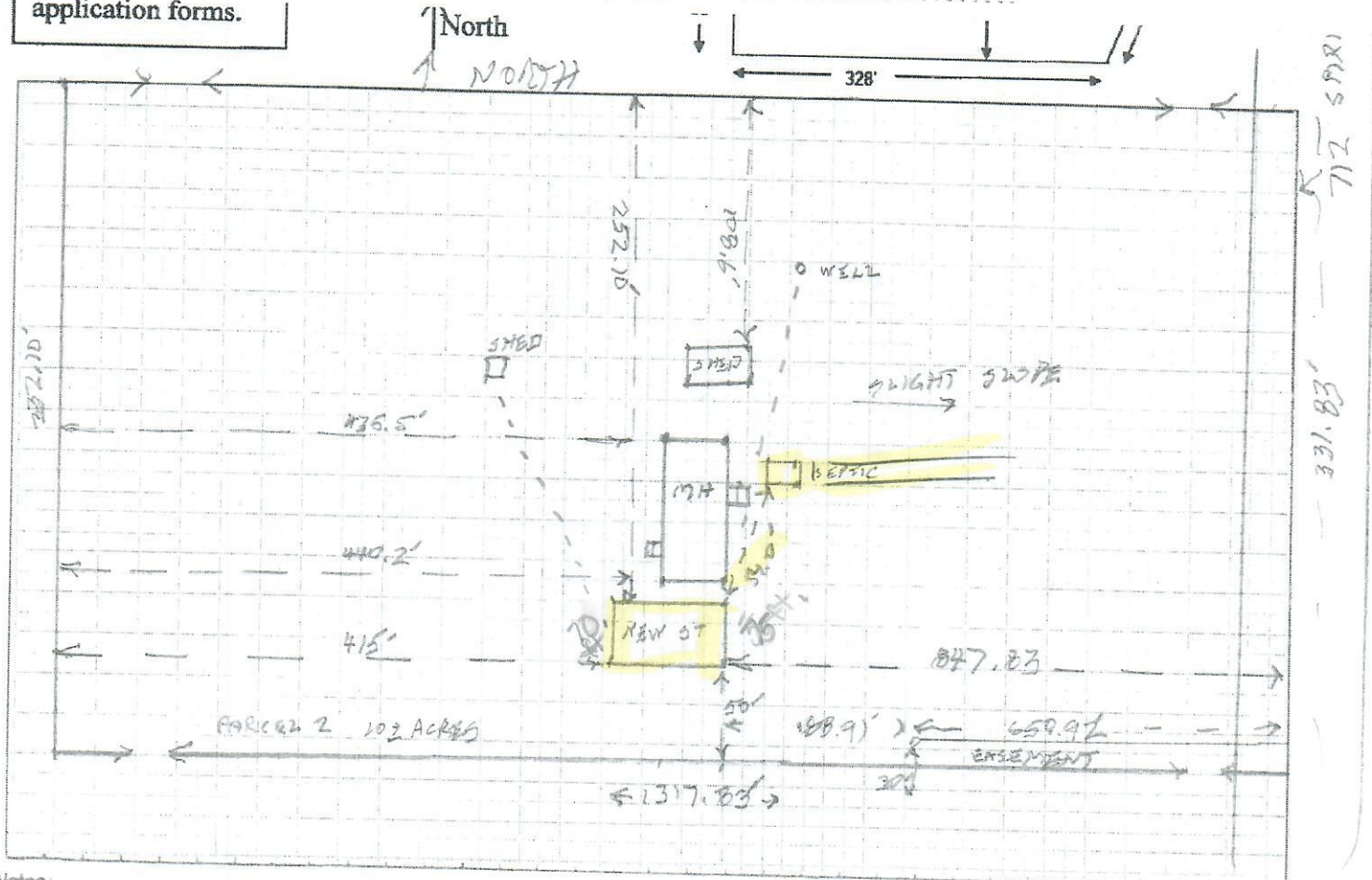
24-0639

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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITEPLAN

application forms.



Notes: _____

Site Plan submitted by [Signature]

Plan Approved [Signature] Not Approved _____

By [Signature] ES2 Columbia Date 8/19/24
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT