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

PERMIT NO. 25-0191
DATE PAID: 2/4/25
FEE PAID: 409.00
RECEIPT #: 2146627

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Gilda Diaz EMAIL: permits@snsh.com

AGENT: James Warren TELEPHONE: 863-206-5370

MAILING ADDRESS: _____

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: Cardinal Farms PLATTED: _____

PROPERTY ID #: 11-6S-16-03815-103 ZONING: A-3 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 9.55 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 6164 SW OLD WIRE RD

DIRECTIONS TO PROPERTY: FL 47 S 6 MILES L ONTO SW WALTER AVE 7.5 MILES CROSS HERLONG LESS THAN .5 MILES PROPERTY ON RIGHT

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	MOBILE HOME	3	1130	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: James Warren DATE: 2-27-25

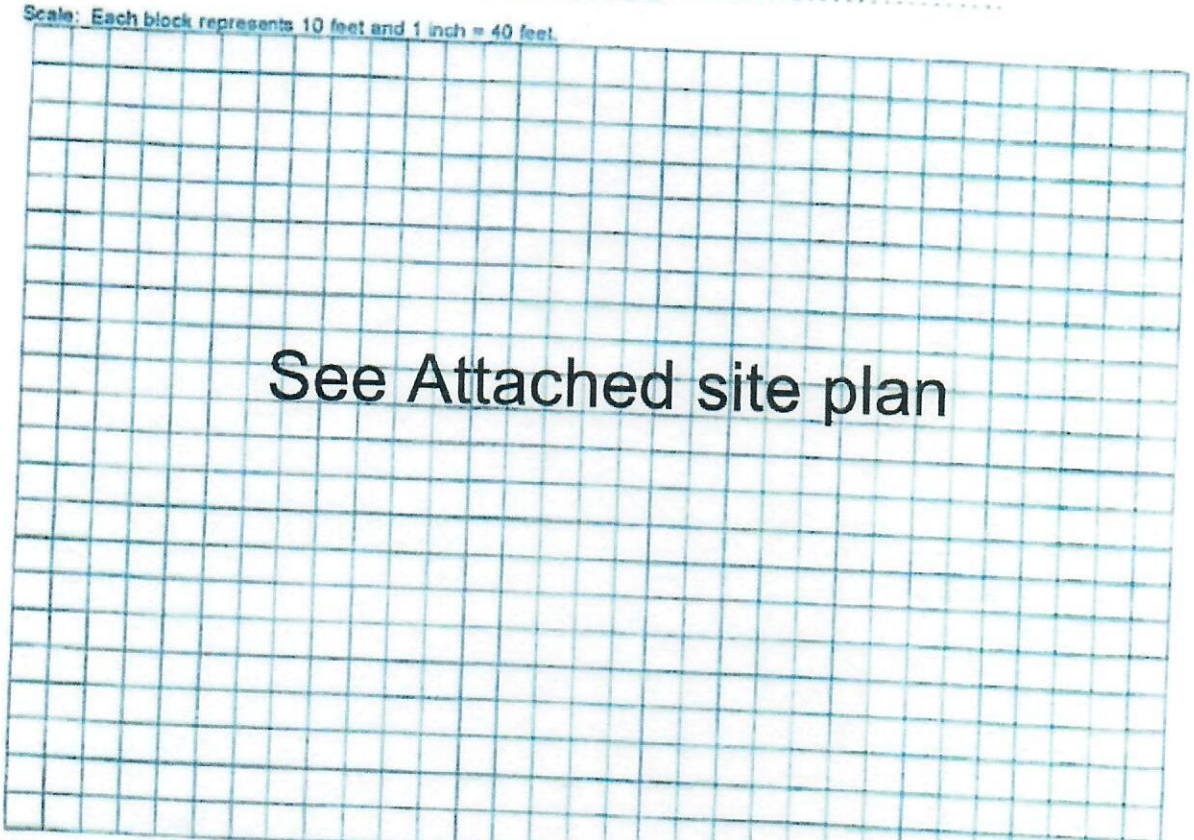
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0197

PART II - SITEPLAN

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



Notes:

Site Plan submitted by: Jones Ware 2-27-25

Plan Approved X Not Approved

By [signature] Date 3/10/25

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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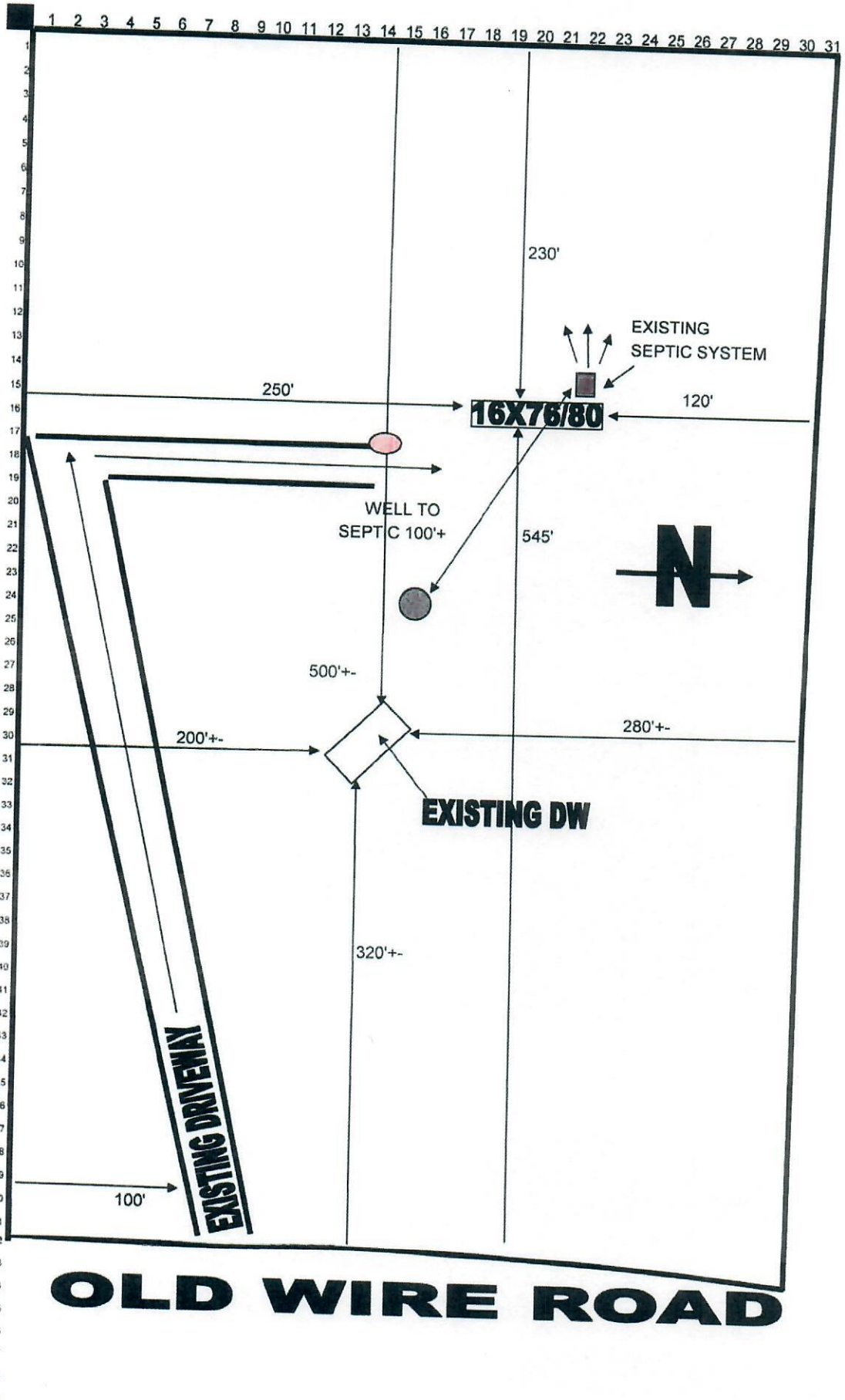
Incorporated: 62-6.004, F.A.C.

25-0197



BUYER DIAZ,GILDA

ACREAGE 9.55

11-6S-16-03815-103

DEALER:STARS & STRIPES 386-365-8549

DATE DRAWN 2/20/2025