

Incorporated 62-6.004, FAC

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

PERMIT NO. DATE PAID: FEE PAID: RECEIPT #:

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4810					
APPLICATION :	FOR CONSTRUCTION	N PER	MIT		
APPLICATION FOR: [] New System [] E: [] Repair [] N	xisting System bandonment	[]	Holding Tank Temporary	[]	Innovative
APPLICANT: James T. Roberts & Melissa P. Roberts EMAIL:mhproberts@gmail.com					
AGENT: Yadami Mendoza (Contr	actor)		TELE	PHONE :	386-208-4762
MAILING ADDRESS: 550 SW Mand	liba Dr. Lake City, Flo	rida 32	024		
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED FURSUAM APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUES	T TO 489.105(3)(m) O PROVIDE DOCUMENT	OR 48	9.552, FLORIDA OF THE DATE THE ATUTORY GRANDFA	STATUT	ES. IT IS THE AS CREATED OR
PROPERTY INFORMATION				EDIATIO	N PLAN? [Y/N]
LOT: 18 BLOCK:SU	BDIVISION: The Oak	s of La	ke City	PI	ATTED:
FROFERTY ID #: 18-5S-17-09280-	118 zon	ING:	I/M OR :	equivai	ENT: [Y/N]
PROPERTY SIZE: 1.97 ACRES W	ATER SUPPLY: []	PRIVAT	E PUBLIC []	=2000G	PD []>2000GPD
IS SEWER AVAILABLE AS PER 38	1.0065, FS? [Y / 1	N 1	DISTA	NCE TO	SEWER: 00 FT
PROPERTY ADDRESS: 550 SW Mar					
DIRECTIONS TO PROPERTY: Turn	left onto US 441 S/N	Marion	Ave, turn right or	nto SW	Tustenuggee Ave,
turn right onto SW Mandiba Dr. d	estination will be on t	he left.			
BUILDING INFORMATION	[X] RESIDENTIAL		[] COMMERCI	AL	
Unit Type of No Establishment	No. of Buildi Bedrooms Area S	ng Co	ommercial/Insti	tution	al System Design
Inground Concrete Swimming pool	4 297	15	28-125	7	
2 14 x 28'			1- 004		
4					
[] Floor/Equipment Drains		-			1) 12/22/2
SIGNATURE:					<u> ८४७५७ । १७</u>
DEP 4015, 06-21-2022 (Obsolet	es previous editio	ns whi	ch may not be 1	used)	

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

23-07 Permit Application Number_ -----PART II - SITEPLAN -----Scale: Each block represents 10 feet and 1 inch = 40 feet. (30' 10° Notes: Site Plan submitted by: Yadami Mendoza Date_/D Plan Approved_ Not Approved_ County Health Department ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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