



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

For a Storage building
not plumbing or bathroom

PERMIT NO. 24-0112
DATE PAID: 2/16/22
FEE PAID: 215.00
RECEIPT #: 2040338

Signature

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Teresa Brannon EMAIL: provisionpermitting@gmail.com

AGENT: Sony North 863-517-5701 TELEPHONE: 386-365-8343

MAILING ADDRESS: 5045 SW Pinemount Rd Lake City 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 #: 11-45-15-00336-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 5045 SW Pinemount Rd Lake City FL 32024

DIRECTIONS TO PROPERTY: US-90 W, L on CR 252 B, R on SW Deputy J Davis, L on Pinemount, property on L

BUILDING INFORMATION

[X] 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>metal building</u>	<u>0</u>	<u>960</u>	
2				
3				
4				

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

SIGNATURE: Sony North DATE: _____

Permit Application Number:

24-0122

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

A large grid of graph paper for data recording, consisting of 20 columns and 20 rows of small squares.

Site Plan submitted by:

Song of North

Plan Approved

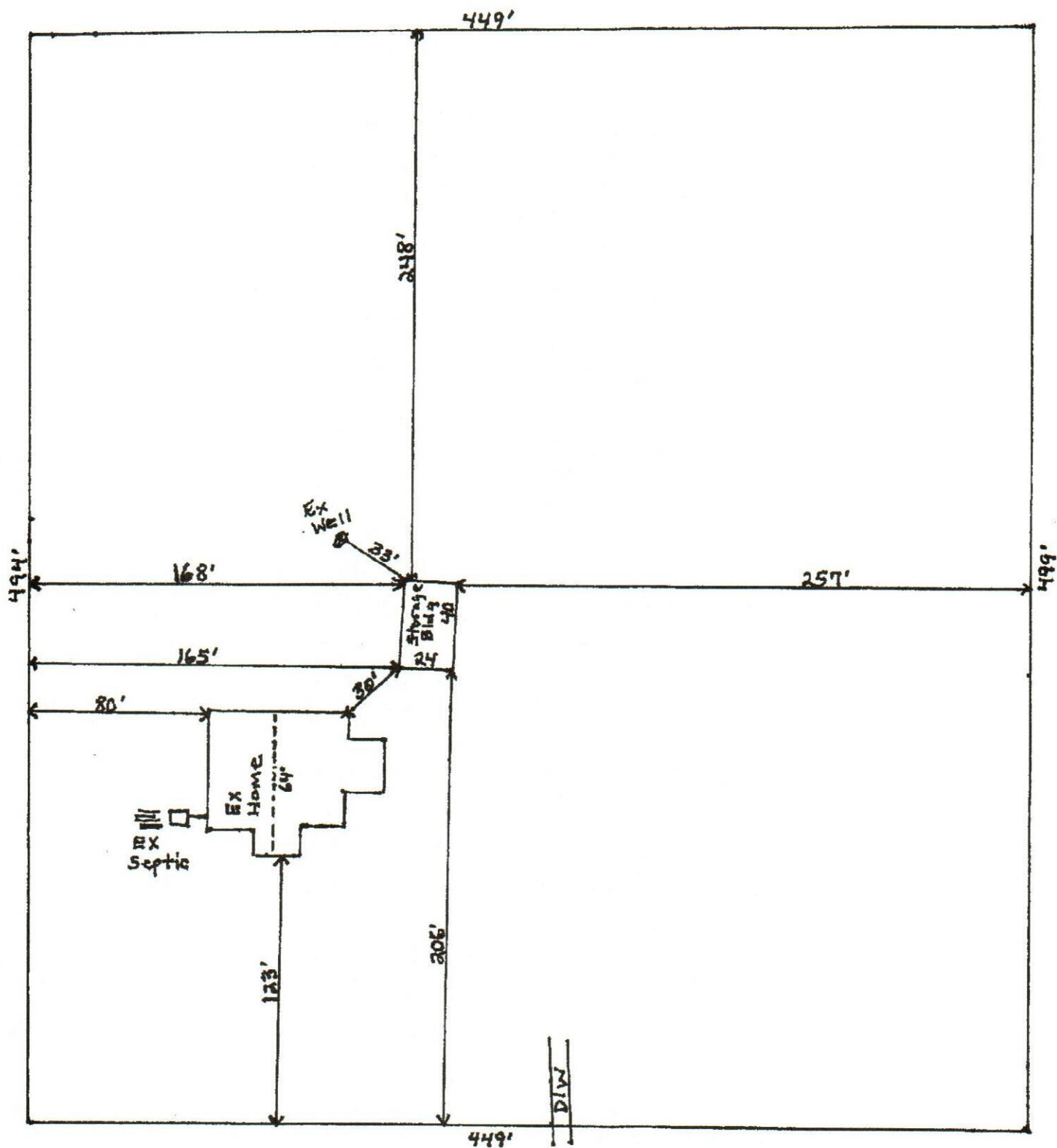
Not Approved.

Date _____

By_

County Health Department

Incorporated: 62-6,004, F.A.C.



SW Pinemount Rd