



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

PERMIT NO. 26-0191  
DATE PAID: 2/23/26  
FEE PAID: \$60.00  
RECEIPT #: 2291353

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary     \_\_\_\_\_

APPLICANT: Traci Pace    EMAIL: lillian@eliteoutdoorbuildings.com

AGENT: Lillian McDaniel    TELEPHONE: 386-288-2313

MAILING ADDRESS: 235 NW Edgar Ter, Lake City, FL 32055

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 #: 26-25-16-01753-002    ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 16.03 ACRES    WATER SUPPLY: [ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 235 NW Edgar Ter, Lake City, FL 32055

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>Detached Accessory</u>	<u>0</u>	<u>960</u>	
2				
3				<input type="checkbox"/>
4				

[ ] Floor/Equipment Drains    [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature]    DATE: \_\_\_\_\_

# TRACI PACE

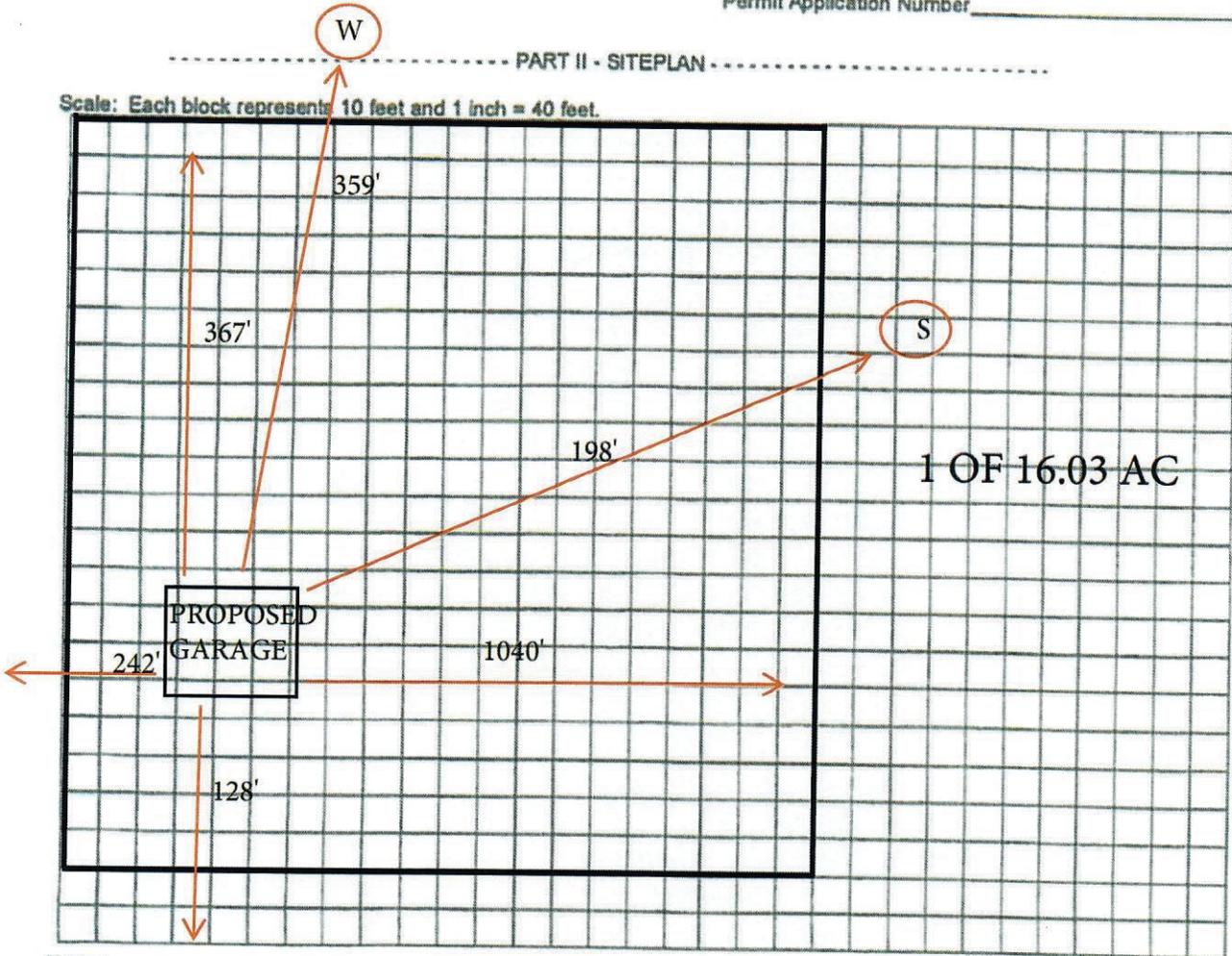
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Permit Application Number \_\_\_\_\_

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

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



Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: LILLIAN MCDANIEL

Plan Approved  Not Approved \_\_\_\_\_  
By: [Signature] Date 2/23/24  
County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)  
Incorporated: 62-6.004, F.A.C.