

Variance Application: VAR 25-1447
LUHO Hearing Date: November 17, 2025
Case Reviewer: Orlando Borrás



**Hillsborough
County Florida**

Development Services Department

Applicant: Okaloosa Tampa Properties, LLC **Zoning:** RSC-9
Address/Location: 6430 Oran Street/4995 E Diana Street, Tampa FL 33610; Folio No(s): 39721.0000 and 39721.0005

Request Summary:

The applicant is requesting a variance to reduce the minimum upland requirements for the use of septic as stated in the Land Development Code, Section 6.01.06 – Minimum Lot Sizes by Available Utilities on two lots.

Requested Variances:

LDC Section:	LDC Requirement:	Variance:	Result:
6.01.06.3	A minimum lot size of one-half acre of upland is required for the use of a septic system.	0.34-acre	0.16 acre of upland on each lot for the use of a septic system

Findings:

Currently, parcels are undeveloped, and the property owner is seeking the aforementioned variance to formally subdivide and develop the area. Wastewater utilities in this area are maintained by the City of Tampa. The applicant has obtained a septic system permit from the State of Florida Department of Health.

Zoning Administrator Sign Off:

Colleen Marshall
Thu Oct 30 2025 15:44:17

DISCLAIMER:

The variance(s) listed above is based on the information provided in the application by the applicant. Additional variances may be needed after the site has applied for development permits. The granting of these variances does not obviate the applicant or property owner from attaining all additional required approvals including but not limited to: subdivision or site development approvals and building permit approvals.

SURVEY/SITE PLAN

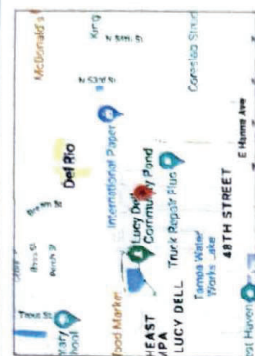
****See attached in next page****

HC-BLD-25-0074578 - PERMIT #
4945 - E. DIANA ST

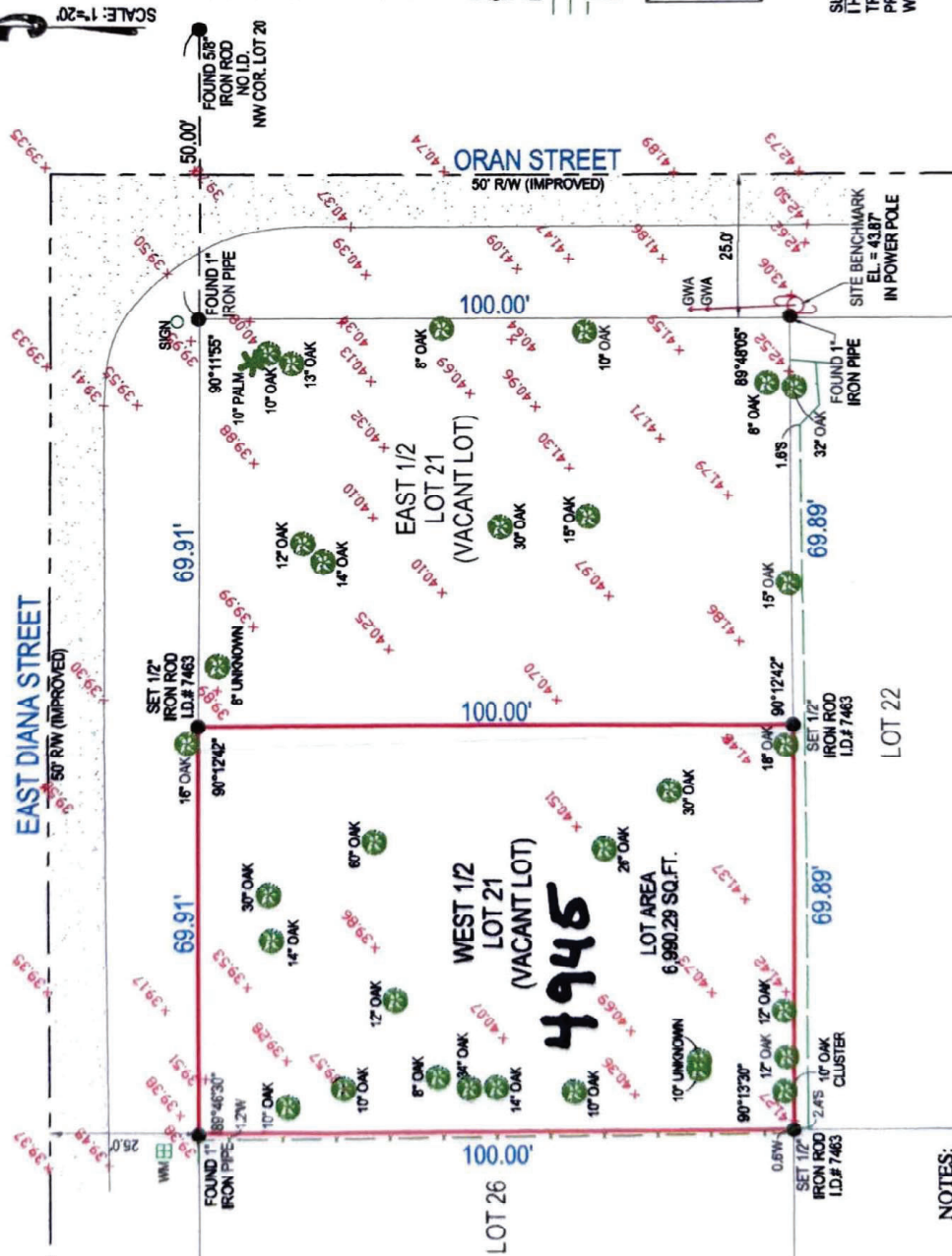
LEGAL DESCRIPTION

THE WEST HALF(1/2) OF LOT 21, ORAN SUBDIVISION, ACCORDING TO THE MAP OR PLAT THEREOF, AS RECORDED IN PLAT BOOK 28, PAGE(S) 42, OF THE PUBLIC RECORDS OF HILLSBOROUGH COUNTY, FLORIDA.

FLOOD ZONE: X
COMMUNITY NUMBER: 120112
PANEL: 12057C0219
SUFFIX: H
FLOOD DATE: 08/28/2008



VICINITY MAP
NOT TO SCALE



NOTES:

1. LEGAL DESCRIPTION CREATED BY COMPASS SURVEYING
2. NO SEARCH OF THE PUBLIC RECORD FOR THE PURPOSE OF ABSTRACTING TITLE WAS PERFORMED BY THIS OFFICE
3. NO SUBSURFACE IMPROVEMENTS WERE LOCATED AS PART OF THIS SURVEY
4. ALL ANGLES OR BEARINGS AND DISTANCES SHOWN HEREON ARE BOTH RECORD AND MEASURED UNLESS OTHERWISE NOTED
5. SOME FEATURES MAY NOT BE AT SCALE IN ORDER TO SHOW DETAIL

DATE OF FIELD WORK: 02/16/2024
DATE OF MAP: 02/23/2024

SURVEYORS CERTIFICATE:
I HEREBY CERTIFY THAT THIS BOUNDARY SURVEY IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY PREPARED UNDER MY DIRECTION, NOT VALID WITHOUT A RAISED EMBOSSED SEAL AND SIGNATURE

(SIGNED)

KENNETH J. OSBORNE
PROFESSIONAL SURVEYOR AND MAPPER #6415

ORIGINATION BENCHMARK
HILLSBOROUGH COUNTY
BRASS DISK "A-615"
N.A.V.D. ELEVATION = 42.78'

COMPASS SURVEYING
6250 N. MILITARY TRAIL
SUITE 102
WEST PALM BEACH, FL 33407
WWW.COMPASSSURVEYING.NET
PHONE: 561.640.4800 FAX: 561.640.0576

1"=20'
1"=1'

SKETCH AND DESCRIPTION FOR LOT SPLIT OF
6430 ORAN STREET
TAMPA, FL 33610
PREPARED FOR
ASIF LALANI

Permit # HC-BLD-25-0074578



Hillsborough
County Florida
Development Services

Additional / Revised Information Sheet

Office Use Only**Application Number:** VAR 25-1447**Received Date:****Received By:**

The following form is required when submitted changes for any application that was previously submitted. A cover letter must be submitted providing a summary of the changes and/or additional information provided. If there is a change in project size the cover letter must list any new folio number(s) added. Additionally, **the second page of this form must be included indicating the additional/revised documents being submitted with this form.**

Application Number: VAR 25-1447 Applicant's Name: OKALOOSA TAMPA PROPERTIES LLCReviewing Planner's Name: Orlando Borrás Date: 10/20/2025

Application Type:

- ☐ Planned Development (PD)
 ☐ Minor Modification/Personal Appearance (PRS)
 ☐ Standard Rezoning (RZ)
- ☒ Variance (VAR)
 ☐ Development of Regional Impact (DRI)
 ☐ Major Modification (MM)
- ☐ Special Use (SU)
 ☐ Conditional Use (CU)
 ☐ Other _____

Current Hearing Date (if applicable): 11/17/2025**Important Project Size Change Information**

Changes to project size may result in a new hearing date as all reviews will be subject to the established cut-off dates.

Will this revision add land to the project? ☐ Yes ☒ No

If "Yes" is checked on the above please ensure you include all items marked with * on the last page.

Will this revision remove land from the project? ☐ Yes ☒ No

If "Yes" is checked on the above please ensure you include all items marked with * on the last page.

Email this form along with all submittal items indicated on the next page in pdf form to:

ZoningIntake-DSD@hcflgov.net

Files must be in pdf format and minimum resolution of 300 dpi. Each item should be submitted as a separate file titled according to its contents. All items should be submitted in one email with application number (including prefix) included on the subject line. Maximum attachment(s) size is 15 MB.

For additional help and submittal questions, please call (813) 277-1633 or email ZoningIntake-DSD@hcflgov.net.

I certify that changes described above are the only changes that have been made to the submission. Any further changes will require an additional submission and certification.

Houman Khosravi

Digitally signed by Houman Khosravi
DN: cn=Houman Khosravi, o=HKH Design LLC, ou,
email=hkh.design.llc@gmail.com, c=US
Date: 2025.10.20 12:11:49 -04'00'

Signature

Date



**Hillsborough
County Florida**
Development Services

Identification of Sensitive/Protected Information and Acknowledgement of Public Records

Pursuant to [Chapter 119 Florida Statutes](#), all information submitted to Development Services is considered public record and open to inspection by the public. Certain information may be considered sensitive or protected information which may be excluded from this provision. Sensitive/protected information may include, but is not limited to, documents such as medical records, income tax returns, death certificates, bank statements, and documents containing social security numbers.

While all efforts will be taken to ensure the security of protected information, certain specified information, such as addresses of exempt parcels, may need to be disclosed as part of the public hearing process for select applications. If your application requires a public hearing and contains sensitive/protected information, please contact [Hillsborough County Development Services](#) to determine what information will need to be disclosed as part of the public hearing process.

Additionally, parcels exempt under [Florida Statutes §119.071\(4\)](#) will need to contact [Hillsborough County Development Services](#) to obtain a release of exempt parcel information.

Are you seeking an exemption from public disclosure of selected information submitted with your application pursuant to Chapter 119 FS? ☐ Yes ☒ No

VAR 25-1447

I hereby confirm that the material submitted with application _____

☐ Includes sensitive and/or protected information.

Type of information included and location _____

☒ Does not include sensitive and/or protected information.

Please note: Sensitive/protected information will not be accepted/requested unless it is required for the processing of the application.

If an exemption is being sought, the request will be reviewed to determine if the applicant can be processed with the data being held from public view. Also, by signing this form I acknowledge that any and all information in the submittal will become public information if not required by law to be protected.

Houman Khosravi

Digitally signed by Houman Khosravi
DN: cn=Houman Khosravi, o=HKH Design LLC, ou,
email=hkh.design.llc@gmail.com, c=US
Date: 2025.10.20 12:12:07 -04'00'

Signature: _____

(Must be signed by applicant or authorized representative)

Intake Staff Signature: _____

Date: _____



**Hillsborough
County Florida**
Development Services

Additional / Revised Information Sheet

Please indicate below which revised/additional items are being submitted with this form.

Included	Submittal Item
1 ☒	Cover Letter** If adding or removing land from the project site, the final list of folios must be included
2 ☐	Revised Application Form**
3 ☐	Copy of Current Deed* Must be provided for any new folio(s) being added
4 ☐	Affidavit to Authorize Agent* (If Applicable) Must be provided for any new folio(s) being added
5 ☐	Sunbiz Form* (If Applicable) Must be provided for any new folio(s) being added
6 ☐	Property Information Sheet**
7 ☐	Legal Description of the Subject Site**
8 ☐	Close Proximity Property Owners List**
9 ☐	Site Plan** All changes on the site plan must be listed in detail in the Cover Letter.
10 ☐	Survey
11 ☐	Wet Zone Survey
12 ☐	General Development Plan
13 ☒	Project Description/Written Statement
14 ☐	Design Exception and Administrative Variance requests/approvals
15 ☒	Variance Criteria Response
16 ☐	Copy of Code Enforcement or Building Violation
17 ☐	Transportation Analysis
18 ☐	Sign-off form
19 ☐	Other Documents (please describe): Variance Clarification Addendum citing LDC § 6.01.06 (Minimum Lot Size by Available Utilities)

*Revised documents required when adding land to the project site. Other revised documents may be requested by the planner reviewing the application.

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HKH DESIGN LLC

Certified Building Contractor – CBC1265324
4809 Ridge Point Dr, Tampa, FL 33624
hkh.design.llc@gmail.com | (813) 415-4115 | HKHARCH.COM

Subject: VAR 25-1447 — Additional/Revised Information Submittal
Applicant: OKALOOSA TAMPA PROPERTIES LLC (Agent: HKH Design LLC – Houman Khosravi)
Project: East & West ½ of Lot 21, ORAN Subdivision — 6430 Oran St (Folio 039721-0000) & 4945 E Diana St (Folio 039721-0005)
Hearing Date: November 17, 2025

Dear Zoning Intake,

In response to staff's request, we submit the following additional/revised information for VAR 25-1447:

- 1. Variance Clarification Addendum explicitly citing LDC § 6.01.06 (Minimum Lot Size by Available Utilities).**
- 2. Revised Project Description/Written Statement reflecting relief from § 6.01.06 to allow one SFR per lot (each 7,000 sf; septic).**
- 3. Revised Variance Criteria Response condensing the hardship/practical difficulty (historic half-lot pattern, corner parcel, HCPA recognition with separate folios, RSC-9 dimensional compliance, no adverse impacts).**

No changes to the project size, site plan, folio list, ownership, or prior exhibits are proposed.

Sincerely,
Houman Khosravi, CBC1265324
HKH Design LLC (Agent for Owner)



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hkh.design.llc@gmail.com | (813) 415-4115 | HKHARCH.COM

VAR 25-1447 – Revised Project Description / Written Statement

Project: VAR 25-1447 — East & West ½ of Lot 21, ORAN Subdivision
Parcels/Addresses: 6430 Oran St (Folio 039721-0000) & 4945 E Diana St (Folio 039721-0005)
Zoning: RSC-9

Revised Project Description / Written Statement:

The applicant requests a variance from **Hillsborough County LDC § 6.01.06 (Minimum Lot Size by Available Utilities)** to allow one single-family residence on each of two existing half-lots (each **7,000 sq ft; 70' × 100'**) to be served by **onsite sewage disposal (septic)**. The half-lots are recognized by the Property Appraiser under separate folios and match the established RSC-9 neighborhood pattern and dimensional standards. No change in use or intensity beyond one SFR per lot is proposed. All other development standards (setbacks, height, access, drainage) will be met.



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Project: VAR 25-1447

Parcels: 6430 Oran St (Folio 039721-0000), 4945 E Diana St (Folio 039721-0005) — East & West ½ of Lot 21, ORAN Subdivision

Zoning: RSC-9

Requested Relief (Code Citation)

Variance from Hillsborough County LDC § 6.01.06 (Minimum Lot Size by Available Utilities) to allow one single-family residence per lot on the East and West halves (each 7,000 sq ft; 70' × 100') utilizing onsite sewage (septic).

Basis / Practical Difficulty & Hardship (Concise):

1. **Historic half-lot pattern & corner geometry:** The parent parcel is a corner lot historically configured as two equal halves; dual street frontages reduce buildable area in ways not typical for interior lots.
2. **Recognition by HCPA:** The halves are recognized with separate folios (039721-0000 and 039721-0005).
3. **District compatibility:** Both lots meet RSC-9 dimensional standards and match the established neighborhood lot pattern.
4. **Strict application deprives common rights:** Enforcing the ½-acre septic standard would bar two SFRs on two conforming lots, denying a common right in this area.
5. **No adverse impact / harmony:** Single-family use, standard setbacks, typical traffic/drainage, and consistency with the LDC/Comp Plan intent for RSC-9.
6. **Not self-created:** Conditions arise from historic platting and corner configuration.

Prepared by: HKH Design LLC – Houman Khosravi (Agent) | Date: 10/20/2025



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Sincerely,
Houman Khosravi, CBC1265324
HKH Design LLC (Agent for Owner)



**Hillsborough
County Florida**
Development Services

Variance Criteria Response

1. Explain how the alleged hardships or practical difficulties are unique and singular to the subject property and are not those suffered in common with other property similarly located?

Lot 21 is a corner parcel historically configured as two equal half-lots (east and west). Dual street frontages and historic half-lot pattern create constraints not typical of interior lots.

2. Describe how the literal requirements of the Land Development Code (LDC) would deprive you of rights commonly enjoyed by other properties in the same district and area under the terms of the LDC.

Strict application of § 6.01.06 (½-acre minimum for septic) would prevent two otherwise conforming RSC-9 lots (7,000 sf each) from being developed with one home per lot, denying a common right enjoyed on similarly sized lots in the area.

3. Explain how the variance, if allowed, will not substantially interfere with or injure the rights of others whose property would be affected by allowance of the variance.

Each lot will comply with RSC-9 setbacks, height, and access; traffic, drainage, and utility demands remain typical of one SFR per lot. No adverse impacts to adjoining properties are anticipated.

4. Explain how the variance is in harmony with and serves the general intent and purpose of the LDC and the Comprehensive Plan (*refer to Section 1.02.02 and 1.02.03 of the LDC for description of intent/purpose*).

The request maintains single-family character consistent with RSC-9 and the established lot pattern, while meeting all other code standards. It supports orderly, compatible infill.

5. Explain how the situation sought to be relieved by the variance does not result from an illegal act or result from the actions of the applicant, resulting in a self-imposed hardship.

The hardship arises from historic platting and corner-lot geometry, not from actions by the applicant. The half-lots are already recognized by the Property Appraiser under separate folios.

6. Explain how allowing the variance will result in substantial justice being done, considering both the public benefits intended to be secured by the LDC and the individual hardships that will be suffered by a failure to grant a variance.

Granting the variance allows reasonable use consistent with the neighborhood, while denial would impose a disproportionate burden specific to this parcel's unique conditions. Public interests/ safety, compatibility, and code compliance are preserved.

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July 29, 2024

OKALOOSA TAMPA PROPERTIES LLC
7302 PELICAN ISLAND DR
TAMPA, FL 33634-7470

RE: Folio Number: 039721.0000
Parcel Identification Number: U-33-28-19-1LY-000000-00021.0
Property Use Code: 0000

Dear Property Owner:

The East ½ of Lot 21 will remain on Folio Number 039721.0000 and the West ½ of Lot 21 will be assigned New Folio Number 039721.0005 for the 2025 Tax Roll.

If you have any questions or need further assistance, please contact me at (813)273-3733.

Sincerely,

A handwritten signature in cursive script that reads "Karen Cullins".

Karen Cullins, Senior Abstractor
Administrative Services Department

Attention: **ADMINISTRATIVE SERVICES**
County Center, 15th Floor
601 East Kennedy Boulevard
Tampa, Florida 33602-4932



www.hcpafl.org
Phone: (813) 272-6100
Main Fax: (813) 272-5519
HSD0081 / CRR-316.rpt r_prod



REQUEST FOR JOIN OR CUT OUT OF REAL PROPERTY

Parcel ID Number (PIN):	<u>U-33-28-19-1LY-000000-00021.0</u>	Date:	<u>7/10/24</u>
Folio Number(s):	<u>039721-0000</u>	Tax Year:	<u>2023</u>
Owner's Name:	<u>OKALOOSA TAMPA PROPERTIES LLC</u>	Email address:	<u>kotamorales164@gmail.com</u>
Owner's Address:	<u>7302 PELICAN ISLAND DR</u>	Phone Number:	<u>813-551-8433</u>
	<u>TAMPA, FL 33634-7470</u>	Fax Number:	<u>n/a</u>
Owner's Signature:	_____		



CUT - OUT PROPERTY

- Did you provide a survey or new legal description?
- If parcel lies in City of Tampa, and the original platted lot is being subdivided, then a Formal Decision Letter from City of Tampa Land Development is required.

Yes ☒ No ☐

Yes ☐ No ☒



JOIN PROPERTY -See requirements below

Parcel will be joined ONLY if all parcels are being used for same purpose. Title must be the same on each parcel. Taxes must be current. Joined parcels may be subject to multiple Tax notices for current year. Owner is responsible for taxes due. For questions regarding Tax Bill, call Tax Collector, at (813) 635-5200.

- Is Title (ownership) the SAME for each parcel?
We cannot join parcels, if title does not match.
- Are real Estate taxes current?
We will not join parcels, if taxes are delinquent
- Are taxes paid by mortgage company?
If yes, please provide approval letter from mortgage company. An approval letter may assist in preventing future complications with your tax bill.

Yes ☒ No ☐

Yes ☐ No ☒

Yes ☐ No ☒

The Property Appraiser's Office is not held responsible for parcel requirements such as, zoning compliance, etc. New lots MUST meet requirements as set by Hillsborough County Development Services, at (813) 272-5600 or City of Tampa Land Development, at (813) 274-3100 (option 2). Please check with the proper agency to verify the effect of the cut out or join of property.

REASON For Cut Out or Join of property: To create two individual properties

Received By: _____

FOR OFFICE USE ONLY

Phone Number: 813-551-8433

Please print

Check One:



Downtown



Brandon



Northwest



Plant City



South County

rev'd 7/2/2018



State of Florida
Department of Environmental Protection
Onsite Sewage Treatment and Disposal System (OSTDS)

Permit No. 29-SH-3102633

Notification Form for Selection of Private Provider Inspector

Applicant: Okaloosa Tampa Properties LLC Authorized Contractor: P & C Plumbing
Lot: 1/2 of 21 Block: N/A Subdivision: Oran Subdivision
Property ID #: 039721-000 [Section/Township/Parcel No. or Tax ID Number]
Property Address: Diana St, Tampa, FL 33610

Pursuant to section 381.0065(8), Florida Statutes, as the owner of the residence or business property located above, I authorize the above-named contractor to act on my behalf in choosing a private provider inspector and acknowledge the following regarding the proposed Onsite Sewage Treatment and Disposal System serving my property:

I have elected to use one or more private providers to perform an onsite sewage treatment and disposal system inspection that is the subject of the enclosed permit application. I understand that the department of environmental protection may not perform the required onsite sewage treatment and disposal system inspection to determine compliance with the applicable codes, except to the extent authorized by law. Instead, the inspection will be performed by the licensed or certified private provider identified in the application. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified private provider and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the department from any claims arising from my use of the licensed or certified private provider identified in the application to perform the onsite sewage treatment and disposal system inspection that is the subject of the enclosed permit application. Additionally, I understand that in the event the onsite sewage treatment and disposal system does not comply with applicable rules and law, I will be responsible for remediating the system in accordance with existing law.

Licensed or certified private inspector(s) authorized to perform construction inspection (use additional sheets if necessary).

Private Inspector Name: Sarah Chancey Professional License/Certification #: CEHP 23-2753
Private Inspector Firm: Integrated Septic Solutions, Inc. Department Issued # (if known): _____
Email: integratedsepticinc@gmail.com Telephone: 813-763-9810
Mailing Address: 7701 W. Knights Griffin Road, Plant City, FL 33565

Qualification Statement or Resume: ☒ Check if on file with the Florida Department of Environmental Protection. Otherwise, demonstrate qualification under 381.0065(8)(c), F.S. Use additional sheets if necessary.

Acknowledged by: ASIP Ialami
(Printed Property Owner Name)
[Signature]
(Property Owner Signature)

4/14/25
Date

NEW



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

NEW

PERMIT #: **29-SH-3102633**
APPLICATION #: **AP2205564**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPROVED DOCUMENT #: **PR2240726**

Florida Department of Health - Hillsborough
□ Residential □ Commercial
Bedrooms **3** Living Area **1455**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: (Okaloosa Tampa Properties LLC)

PROPERTY ADDRESS: 4945 E Diana St Tampa, FL 33610

LOT: w 1/2 of 2 BLOCK: _____ SUBDIVISION: Oran

PROPERTY ID #: 039721.0005 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [400] GALLONS / GPD Aerobic Unit NSF 245 CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [282] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND []

I CONFIGURATION: [x] TRENCH [] BED []

N

F LOCATION OF BENCHMARK: Orange pail at base of fence

I ELEVATION OF PROPOSED SYSTEM SITE [4.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [14.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

SYSTEM INSTALLER TO VERIFY ALL PERMIT NUMBERS (SITE ELEVATION, BOTTOM OF DF ELEVATION, AND FILL AMOUNT) COINCIDE AND MATCH THE SITE PRIOR TO INSTALLATION. If they do not, contact FDOH-Hillsborough to review the permit. The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd. Use of an ENR system is required based on the size of this parcel. An approved NSF 245 ATU was selected for use. An annual operating permit application and signed maintenance agreement are required for the life of the system. The operating permit is not transferrable. (Comments Continued on Page 2.)

SPECIFICATIONS BY: Sarah B Chancey TITLE: CEHP #23-2753

APPROVED BY: Jenny L Oliveras TITLE: Environmental Specialist II Hillsborough CHD

DATE ISSUED: 04/18/2025 EXPIRATION DATE: 10/21/2026

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

v 1.1.4

AP2205564

SH2131730

NEW

Any change in ownership information must be provided to the department and a new operating permit issued. Local onsite program authority recommends length of agreement to be at least 8 years (2 year minimum requirement). Nitrogen-reducing system installed to comply with current or future spring BMAP requirements. Nitrogen-reducing NSF 245 certified aerobic treatment unit.

NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the agency clerk is 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000. The Agency Clerk's email is agency_clerk@FloridaDEP.gov.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Environmental Protection and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.



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

PERMIT NO. _____
DATE PAID: 04/18/2025
FEE PAID: 270-
RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: OKALOOSA TAMPA PROPERTIES LLC

EMAIL: integratedsepticinc@gmail.com

AGENT: Integrated Septic Solutions, Inc.

TELEPHONE: 813-365-8644

MAILING ADDRESS: 7701 W. Knights Griffin Rd, Plant City, FL 33565

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? NO

LOT: W 1/2 of 2' BLOCK: NA SUBDIVISION: ORAN SUBDIVISION PLATTED: 1949

PROPERTY ID #: 039721-0005 ☒ ZONING: RSC-6 I/M OR EQUIVALENT: NO

PROPERTY SIZE: 0.16 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? NO

DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 4945 E. Diana St., Tampa, FL 33610

DIRECTIONS TO PROPERTY: _____

See attached.



GIS Core Data Services
911 Agency

By Inés Ortiz
at 5:25 pm,
Apr 16, 2025

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	SFR	3	1,455	
2				
3				
4				

RECEIVED

APR 18 2025

BY: *LOS*

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Sarah Channey

DATE: 04/07/2025

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
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT #. _____

APPLICANT: OKALOOSA TAMPA PROPERTIES LLC AGENT: Integrated Septic Solutions, Inc.

LOT: W 1/2 of 21 BLOCK: NA SUBDIVISION: ORAN SUBDIVISION

PROPERTY ID #: 039721-0005 [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: ☒ YES ☐ NO NET USABLE AREA AVAILABLE: 0.16 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 300 GALLONS PER DAY TABLE I

AUTHORIZED SEWAGE FLOW: 400 GALLONS PER DAY 2500 GPD/ACRE
UNOBSTRUCTED AREA AVAILABLE: 1,000 SQFT UNOBSTRUCTED AREA REQUIRED: 750 SQFT

BENCHMARK/REFERENCE POINT LOCATION: Orange pait at base of fence 43"
ELEVATION OF PROPOSED SYSTEM SITE IS 4 INCHES BELOW REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: NA FT DITCHES/SWALES: NA FT NORMALLY WET? ☐ YES ☒ NO
WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: NA FT NON-POTABLE: NA FT
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 40 FT

SITE SUBJECT TO FREQUENT FLOODING: ☐ YES ☒ NO 10 YEAR FLOODING? ☐ YES ☒ NO
10 YEAR FLOOD ELEVATION FOR SITE: FT MSL/NGVD SITE ELEVATION: N/A FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

47"

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 4/2	Fine Sand	0 TO 10
10YR 6/4	Fine Sand	10 TO 24
10YR 7/6	Fine Sand	24 TO 42
10YR 7/2	Fine Sand	42 TO 60
10YR 8/1	Fine Sand	60 TO 72
		TO
		TO
		TO
		TO
USDA SOIL SERIES: Similar to Taveras		

SOIL PROFILE INFORMATION SITE 2

47"

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 4/2	Fine Sand	0 TO 12
10YR 6/4	Fine Sand	12 TO 26
10YR 7/6	Fine Sand	26 TO 42
10YR 7/2	Fine Sand	42 TO 60
10YR 8/1	Fine Sand	60 TO 72
		TO
		TO
		TO
		TO
USDA SOIL SERIES: Similar to Taveras		

OBSERVED WATER TABLE: 72+ INCHES BELOW EXISTING GRADE. TYPE: APPARENT ESTIMATED
WET SEASON WATER TABLE ELEVATION: 42 INCHES BELOW EXISTING GRADE 42
HIGH WATER TABLE VEGETATION: ☐ YES ☒ NO WSWT Indicator: ☒ YES ☐ NO DEPTH: INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 0.8 Fine Sand DEPTH OF EXCAVATION: NA INCHES
DRAINFIELD CONFIGURATION: ☒ TRENCH ☐ BED ☐ OTHER (SPECIFY)

REMARKS/ADDITIONAL CRITERIA:

WSWT Indicator: 10YR 7/1 stripping in 7/2 matrix at 42" in both site 1 & 2.

SITE EVALUATED BY: Sarah Chancey CEHP 23-2753 DATE: 04/07/2025

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

Incorporated: 62-6.004, FAC

Page 3 of 4

25-1447

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Onsite Sewage Treatment and Disposal System Application for Construction Permit

Site Plan Information

1. Is there any slope to your lot? No. ☒ Yes ☐
2. Are there any existing or proposed Public wells on or within 200 feet of your lot?
(A public well is any well which is used for anything other than a single family home.)
No ☒ Yes ☐
3. Is there a Proposed well or an Existing well on or within 75 feet of your lot?
No ☒ Yes ☐
4. Are there any lakes, streams, wetlands, canals, designed wet retention areas, or standing bodies of water on or within 75 feet of your lot?
No ☒ Yes ☐
5. Are there any easements (Roads, pipe lines, underground utilities) on your property?
No ☒ Yes ☐
6. Are there any drainage features (i.e. ditches, swales, drainage retention areas, etc.) on or within 15 feet of your lot?
No ☒ Yes ☐
7. Are there any existing or proposed septic systems on or within 75 feet of your property? (i.e. your neighbor's septic system, are vacant lots already permitted?) **Note: If a well is installed within 75 feet of an adjacent parcel septic, the well may have to be abandoned and another well drilled at the owner's expense.**
No ☐ Yes ☒

*If you answered YES to any of the above questions, please draw and locate on your site plan.

8. Is the lot accessible (i.e. locked gate, dogs, etc.), cleared of vegetation (mowed), and flagged?
No ☐ Yes ☒

Note: It is the responsibility of the applicant/agent to ensure the submission of accurate information and site plans to the department. If the site plan submitted or actual field observations do not agree with the information provided, permit can be voided and you may be required to resubmit application.

Site Plan Submitted By: Printed Name: Sarah Chancey

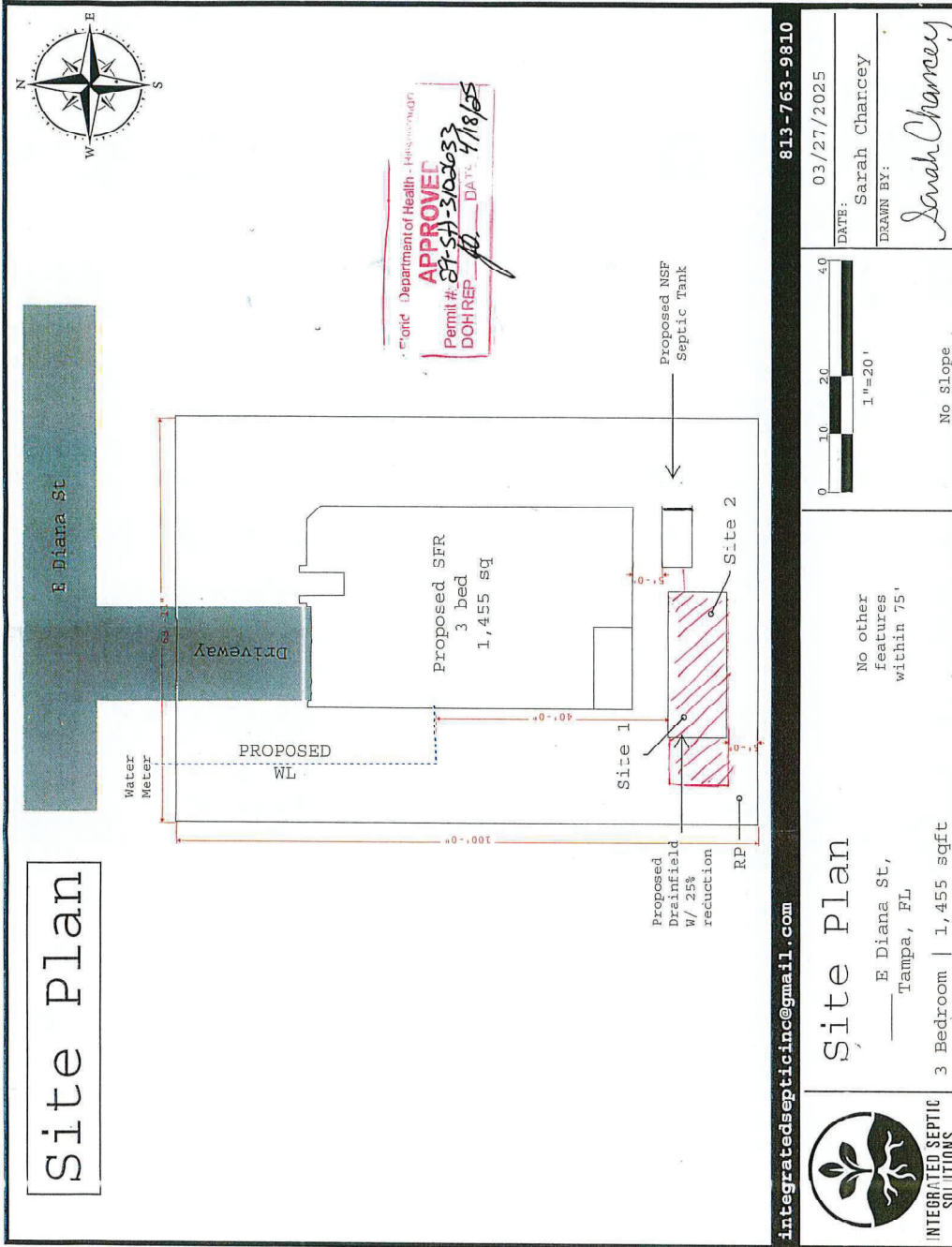
Signature: Sarah Chancey

Title: Owner \ CEHP

Date: 04/07/2025

[illegible][illegible][illegible]

A-2



813-763-9810

integratedsepticinc@gmail.com

 INTEGRATED SEPTIC SOLUTIONS	Site Plan E Diana St, Tampa, FL 3 Bedroom 1,455 sqft	No other features within 75'	 1"=20' No slope	DATE: 03/27/2025 DRAWN BY: Sarah Charcey <i>Sarah Charcey</i>



State of Florida
Department of Environmental Protection
Onsite Sewage Treatment and Disposal System (OSTDS)

Permit No. 29-SH-3102349

Notification Form for Selection of Private Provider Inspector

Applicant: Okaloosa Tampa Properties LLC Authorized Contractor: P & C Plumbing
Lot: 1/2 of 21 Block: N/A Subdivision: Oran Subdivision
Property ID #: 039721-000 [Section/Township/Parcel No. or Tax ID Number]
Property Address: 6430 Oran St, Tampa, FL 33610

Pursuant to section 381.0065(8), Florida Statutes, as the owner of the residence or business property located above, I authorize the above-named contractor to act on my behalf in choosing a private provider inspector and acknowledge the following regarding the proposed Onsite Sewage Treatment and Disposal System serving my property:

I have elected to use one or more private providers to perform an onsite sewage treatment and disposal system inspection that is the subject of the enclosed permit application. I understand that the department of environmental protection may not perform the required onsite sewage treatment and disposal system inspection to determine compliance with the applicable codes, except to the extent authorized by law. Instead, the inspection will be performed by the licensed or certified private provider identified in the application. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified private provider and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the department from any claims arising from my use of the licensed or certified private provider identified in the application to perform the onsite sewage treatment and disposal system inspection that is the subject of the enclosed permit application. Additionally, I understand that in the event the onsite sewage treatment and disposal system does not comply with applicable rules and law, I will be responsible for remediating the system in accordance with existing law.

Licensed or certified private inspector(s) authorized to perform construction inspection (use additional sheets if necessary).

Private Inspector Name: Sarah Chancey Professional License/Certification #: CEHP 23-2753
Private Inspector Firm: Integrated Septic Solutions, Inc. Department Issued # (if known): _____
Email: integratedsepticinc@gmail.com Telephone: 813-763-9810
Mailing Address: 7701 W. Knights Griffin Road, Plant City, FL 33565

Qualification Statement or Resume: ☒ Check if on file with the Florida Department of Environmental Protection. Otherwise, demonstrate qualification under 381.0065(8)(c), F.S. Use additional sheets if necessary.

Acknowledged by: ASIP Ialanni 4/14/25
(Printed Property Owner Name) Date
[Signature]
(Property Owner Signature)



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
CONSTRUCTION PERMIT

PERMIT #: **29-SH-3102349**
APPLICATION #: **AP2205382**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2240571**

APPROVED
Florida Department of Health - Hillsborough
☐ Residential ☐ Commercial
Bedrooms **3** Living Area **1455**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: (Okaloosa Tampa Properties LLC)

PROPERTY ADDRESS: 6430 Oran St Tampa, FL 33610

LOT: E 1/2 of 21 BLOCK: _____ SUBDIVISION: Oran

PROPERTY ID #: 039721.0000

[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [400] GALLONS / GPD Aerobic Unit NSF 245 CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [282] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []

I CONFIGURATION: [X] TRENCH [] BED []

N

F LOCATION OF BENCHMARK: Paint on base of fence

I ELEVATION OF PROPOSED SYSTEM SITE [3.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [19.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [2.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O
T
H
E
R
SYSTEM INSTALLER TO VERIFY ALL PERMIT NUMBERS (SITE ELEVATION, BOTTOM OF DF ELEVATION, AND FILL AMOUNT) COINCIDE AND MATCH THE SITE PRIOR TO INSTALLATION. If they do not, contact FDOH-Hillsborough to review the permit. The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd. Use of an ENR system is required based on the size of this parcel. An approved NSF 245 ATU was selected for use. An annual operating permit application and signed maintenance agreement are required for the life of the system. The operating permit is not transferrable. (Comments Continued on Page 2.)

SPECIFICATIONS BY: Sarah B Chancey TITLE: CEHP #23-2753

APPROVED BY: Jenny Oliveras TITLE: Environmental Specialist II Hillsborough CHD

DATE ISSUED: 04/23/2025

EXPIRATION DATE: 10/23/2026

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

v 1.1.4

AP2205382

SE2131628

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Any change in ownership information must be provided to the department and a new operating permit issued. Local onsite program authority recommends length of agreement to be at least 8 years (2 year minimum requirement). Nitrogen-reducing NSF 245 certified aerobic treatment unit.

Nitrogen-reducing system installed to comply with current or future spring BMAP requirements.

Nitrogen-reducing NSF-245 certified aerobic treatment unit.

29-SH-3102349



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

PERMIT NO. _____
DATE PAID: 4/17/25
FEE PAID: 270-
RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: OKALOOSA TAMPA PROPERTIES LLC

EMAIL: integratedsepticinc@gmail.com

AGENT: Integrated Septic Solutions, Inc.

TELEPHONE: 813-365-8644

MAILING ADDRESS: 7701 W. Knights Griffin Rd, Plant City, FL 33565

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? NO

LOT: E 1/2 of 21 BLOCK: NA SUBDIVISION: ORAN SUBDIVISION PLATTED: 1949

PROPERTY ID #: 039721-0000 ZONING: RSC-9 I/M OR EQUIVALENT: NO

PROPERTY SIZE: 0.16 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? NO

DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 6430 Oran St, Tampa, FL

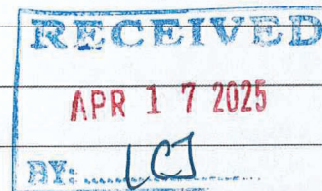
DIRECTIONS TO PROPERTY: _____

See attached.

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	SFR (proposed)	3	1455	
2				
3				
4				



☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Sarah Channey

DATE: 04/07/2025

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

Incorporated 62-6.004, FAC

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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT #. _____

APPLICANT: OKALOOSA TAMPA PROPERTIES LLC AGENT: Integrated Septic Solutions, Inc.

LOT: E 1/2 of 21 BLOCK: NA SUBDIVISION: ORAN SUBDIVISION

PROPERTY ID #: 039721-0000 [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: ☒ YES ☐ NO NET USABLE AREA AVAILABLE: 0.16 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 300 GALLONS PER DAY TABLE I
AUTHORIZED SEWAGE FLOW: 400 GALLONS PER DAY 2500 GPD/ACRE
UNOBSTRUCTED AREA AVAILABLE: 1,000 SQFT UNOBSTRUCTED AREA REQUIRED: 750 SQFT

BENCHMARK/REFERENCE POINT LOCATION: Paint on base of fence 38"
ELEVATION OF PROPOSED SYSTEM SITE IS 3 INCHES BELOW REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: NA FT DITCHES/SWALES: NA FT NORMALLY WET? ☐ YES ☒ NO
WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: NA FT NON-POTABLE: NA FT
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 40 FT

SITE SUBJECT TO FREQUENT FLOODING: ☐ YES ☒ NO 10 YEAR FLOODING? ☐ YES ☒ NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: N/A FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1 41"

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 4/2	Fine Sand	0 TO 12
10YR 6/4	Fine Sand	12 TO 30
10YR 7/3	Fine Sand	30 TO 60
10YR 8/1	Fine Sand	60 TO 72
		TO
		TO
		TO
		TO
		TO
USDA SOIL SERIES: Similar to Taveras		

SOIL PROFILE INFORMATION SITE 2 41"

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 4/2	Fine Sand	0 TO 12
10YR 6/4	Fine Sand	12 TO 30
10YR 7/2	Fine Sand	30 TO 58
10YR 8/1	Fine Sand	58 TO 72
		TO
		TO
		TO
		TO
		TO
USDA SOIL SERIES: Similar to Taveras		

OBSERVED WATER TABLE: 72+ INCHES BELOW EXISTING GRADE. TYPE: APPARENT ESTIMATED
WET SEASON WATER TABLE ELEVATION: 40 INCHES BELOW EXISTING GRADE 40
HIGH WATER TABLE VEGETATION: ☐ YES ☒ NO WSWT Indicator: ☒ YES ☐ NO DEPTH: INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 0.8 Fine Sand DEPTH OF EXCAVATION: NA INCHES
DRAINFIELD CONFIGURATION: ☒ TRENCH ☐ BED ☐ OTHER (SPECIFY)

REMARKS/ADDITIONAL CRITERIA:
WSWT Indicator: 10YR 7/1 strippin in 10YR 7/2 matrix at 40" in site 2.

SITE EVALUATED BY: Sarah Chancey CEHP 23-2753 DATE: 04/03/2025

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

Incorporated: 62-6.004, FAC

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Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Onsite Sewage Treatment and Disposal System Application for Construction Permit

Site Plan Information

1. Is there any slope to your lot? No. ☒ Yes ☐
2. Are there any existing or proposed Public wells on or within 200 feet of your lot?
(A public well is any well which is used for anything other than a single family home.)
No. ☒ Yes ☐
3. Is there a Proposed well or an Existing well on or within 75 feet of your lot?
No. ☒ Yes ☐
4. Are there any lakes, streams, wetlands, canals, designed wet retention areas, or standing bodies of water on or within 75 feet of your lot?
No. ☒ Yes ☐
5. Are there any easements (Roads, pipe lines, underground utilities) on your property?
No. ☒ Yes ☐
6. Are there any drainage features (i.e. ditches, swales, drainage retention areas, etc.) on or within 15 feet of your lot?
No. ☒ Yes ☐
7. Are there any existing or proposed septic systems on or within 75 feet of your property? (i.e. your neighbor's septic system, are vacant lots already permitted?) Note: If a well is installed within 75 feet of an adjacent parcel septic, the well may have to be abandoned and another well drilled at the owner's expense.
No ☐ Yes ☒

*If you answered YES to any of the above questions, please draw and locate on your site plan.

8. Is the lot accessible (i.e. locked gate, dogs, etc.), cleared of vegetation (mowed), and flagged?
No ☐ Yes ☒

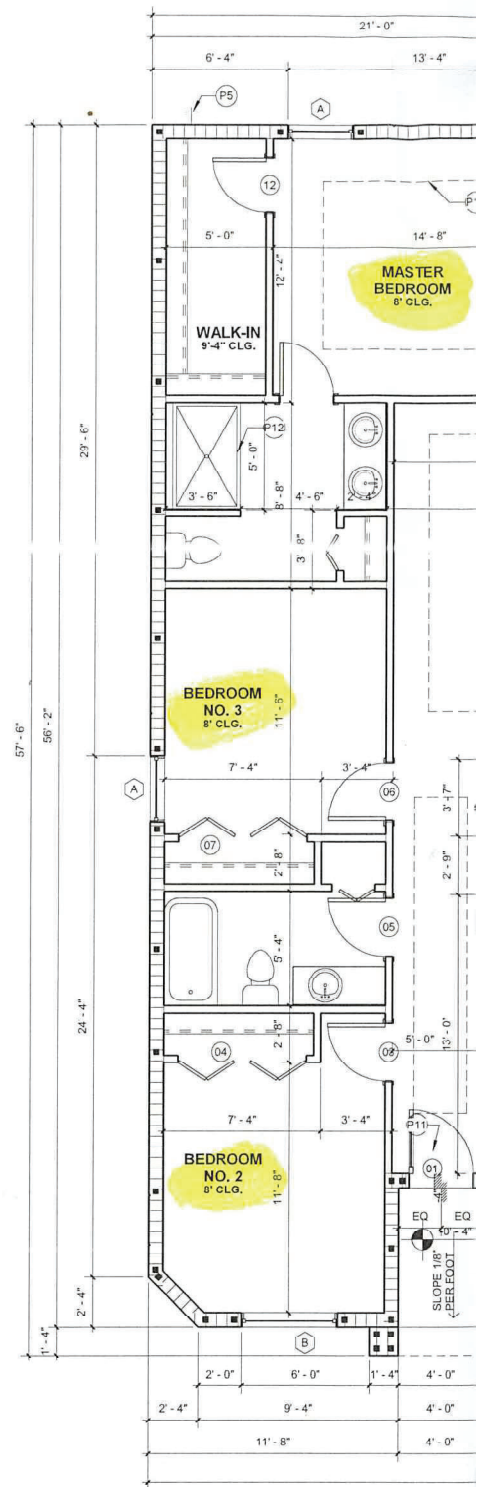
Note: It is the responsibility of the applicant/agent to ensure the submission of accurate information and site plans to the department. If the site plan submitted or actual field observations do not agree with the information provided, permit can be voided and you may be required to resubmit application.

Site Plan Submitted By: Printed Name: Sarah Chancey

Signature: Sarah Chancey

Title: Owner \ CEHP

Date: 04/07/2025





integratedsepticinc@gmail.com

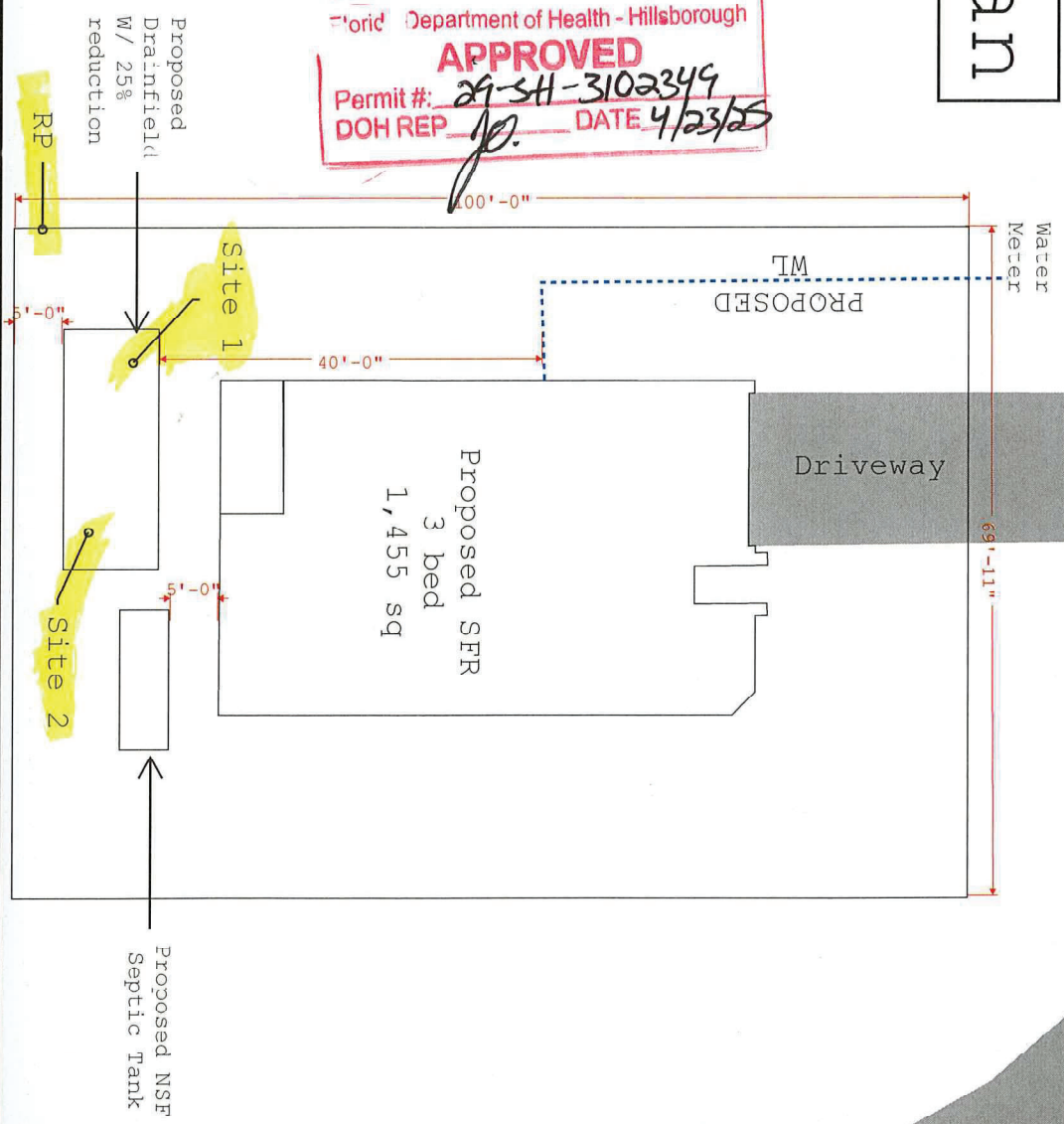
813-763-9810

Site Plan

E Diana St



Hillsborough Department of Health - Hillsborough
APPROVED
Permit #: 29-SH-3102349
DOH REP: [Signature] DATE: 4/23/25



Site Plan

6430 Oran St, Tampa, FL

3 Bedroom | 1,455 sqft

No other features within 75'



No Slope

DATE: 03/27/2025
DRAWN BY: Sarah Chancey

Sarah Chancey

Prepared By and Return To:

Capstone Title, LLC
26771 State Road 56
Wesley Chapel , FL 33544

Order No.: 719-18-175

Property Appraiser's Parcel I.D. (folio) Number:
039721-0000
Consideration \$18,000.00

WARRANTY DEED

THIS WARRANTY DEED dated August 27,2018,

by **Lucy M. Walker-Jordan, a married person,**

whose post office address is **10800 N. 52nd Street, Temple Terrace, Florida 33617** (the "Grantor"),

to **Okaloosa Tampa Properties, LLC,**

whose post office address is **14715 San Marsala Ct., Tampa, Florida, 33626** (the "Grantee").

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

WITNESSETH: That the Grantor, for and in consideration of the sum of Ten And No/100 Dollars (\$10.00) and other valuable consideration, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys, and confirms unto the Grantee, all that certain land situated in County of Hillsborough, State of Florida, viz:

Lot 21, Oran Subdivision, according to the map or plat thereof, as recorded in Plat Book 29, Page(s) 42, of the Public Records of Hillsborough County, Florida

Said property is not the homestead of the Grantor(s) under the laws and constitution of the State of Florida in that neither Grantor(s), nor any members of the household of the Grantor(s), reside thereon.

Subject to easements, restrictions, reservations and limitations of record, if any.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in any wise appertaining.

TO HAVE AND TO HOLD the same in Fee Simple forever.

AND the Grantor hereby covenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land; that the Grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to: 12/31/17.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Lucy M. Walker-Jordan
Lucy M. Walker-Jordan

Grantor Address:
10800 N. 52nd Street
Temple Terrace, FL 33617

Signed, sealed and delivered in presence of:

Trina Patton
Witness Signature

TRINA PATTON
Printed Name of First Witness

Deborah J. Haskin
Witness Signature

DEBORAH J. HASKIN
Printed Name of Second Witness

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

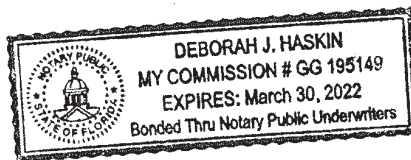
I do hereby certify that Lucy M. Walker-Jordan personally known by me or has produced a driver's license as identification, and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the 27th day of August, 2018

Deborah J. Haskin
Notary Public

My Commission Expires:

(SEAL)





Property/Applicant/Owner Information Form

Application No: <u>25-1447</u>	Official Use Only	Intake Date: <u>09/24/2025</u>
Hearing(s) and type: Date: <u>11/17/2025</u>	Type: <u>LUHO</u>	Receipt Number: <u>521166</u>
Date: _____	Type: _____	Intake Staff Signature: <u>Julie Boatright</u>

LOT A / **LOT B** Property Information
Address: 6430 ORAN ST. 4445 E. DIANA ST City/State/Zip: Tampa / FL / 33610
TWN-RIN-SEC: T2B/R19/S33 Folio(s): 039721-000 (LOT A) Zoning: RSC-9 Future Land Use: R-6 Property Size: 7,000 SF (ea. lot)
039721-0005 (LOT B) .16 acres each

Property Owner Information
Name: OKALOOSA TAMPA PROPERTIES LLC Daytime Phone: (813) 415-4115
Address: 7302 PELICAN ISLAND DR. City/State/Zip: Tampa / FL / 33634
Email: HKH.DESIGN.LLC@GMAIL.COM Fax Number: _____

Applicant Information
(SAME AS THE OWNER)
Name: _____ Daytime Phone: _____
Address: _____ City/State/Zip: _____
Email: _____ Fax Number: _____

Applicant's Representative (if different than above)
Name: HKH DESIGN LLC (HOUMAN KHOSRAVI) Daytime Phone: (813) 415-4115
Address: 4809 RIDGE POINT DR. City/State/Zip: Tampa / FL / 33624
Email: HKH.DESIGN.LLC@GMAIL.COM Fax Number: _____

I hereby swear or affirm that all the information provided in the submitted application packet is true and accurate, to the best of my knowledge, and authorize the representative listed above to act on my behalf on this application.

Houman Khosravi
Signature of the Applicant
Houman Khosravi
Type or print name

I hereby authorize the processing of this application and recognize that the final action taken on this petition shall be binding to the property as well as to the current and any future owners.

Asif Lalani
Signature of the Owner(s) (All parties on the deed must sign)
Asif Lalani
Type or print name



**Hillsborough
County Florida**
Development Services

Submittal Requirements for Applications Requiring Public Hearings

Official Use Only		
Application No: <u>25-1447</u>	Intake Date: <u>09/24/2025</u>	
Hearing(s) and type: Date: <u>11/17/2025</u> Type: <u>LUHO</u>	Receipt Number: <u>521166</u>	
Date: _____ Type: _____	Intake Staff Signature: _____	

Applicant/Representative: HKH DESIGN LLC (HOUMAN KHOSRAVI) Phone: (813) 415-4115

Representative's Email: HKH.DESIGN.LLC@GMAIL.COM

The following information is used by reviewing agencies for their comments and should remain constant, with very few exceptions, throughout the review process. Additional reviews, such as legal description accuracy, compatibility of uses, agency reviews, etc., will still be conducted separately and may require additional revisions.

The following ownership information must be provided and will be verified upon submission initial submittal. If you are viewing this form electronically, you may click on each underlined item for additional information.

Part A: Property Information & Owner Authorization Requirements

Included	N/A	Requirements
1	☒	☐ <u>Property/Applicant/Owner Information Form</u>
2	☒	☐ <u>Affidavit(s) to Authorize Agent</u> (if applicable) NOTE: All property owners must sign either the Application form or the Affidavit to Authorize Agent. If property is owned by a corporation, submit the Sunbiz information indicating that you are authorized to sign the application and/or affidavit.
3	☒	☐ <u>Sunbiz Form</u> (if applicable). This can be obtained at Sunbiz.org .
4	☒	☐ <u>Property/Project Information Sheet</u> All information must be completed for each folio included in the request.
5	☒	☐ <u>Identification of Sensitive/Protected Information and Acknowledgement of Public Records</u>
6	☒	☐ <u>Copy of Current Recorded Deed(s)</u>
7	☒	☐ <u>Close Proximity Property Owners List</u>
8	☒	☐ <u>Legal Description</u> for the subject site
9	☐	☒ <u>Copy of Code Enforcement/Building Code Violation(s)</u> (if applicable)
10	☐	☐ <u>Fastrack Approval</u> (if applicable)

Additional application-specific requirements are listed in Part B.



Specific Submittal Requirements for Variances

This section provides information on items that must be addressed/submitted for a Special use - Land Excavation permit and will be subsequently reviewed when the application is assigned to a planner. Where certain information does not apply to a project, a notation shall appear on the plan stating the reason, for example, "No existing water bodies within project." Additionally, the explanations and justifications for when certain information does not apply to the project shall be included in the Narrative. If Hillsborough County determines the submitted plan lacks required information, the application shall not proceed to hearing as provided for in Section 6.2.1.1.A. Additionally, the required information is only the minimum necessary to schedule an application for hearing and Hillsborough County reserves the right to request additional information during review of the application.

If you are viewing this form electronically, you may click on each underlined item for additional information.

For any items marked N/A, justification must be provided as to why the item is not included.

Part B: Project Information

Additional Submittal Requirements for a Variance

- 1 ☒ **Project Description/Written Statement of the Variance Request**
- 2 ☒ **Variance Criteria Response**
- 3 ☒ **Attachment A** (if applicable)
- 4 ☒ **Survey/Site Plan**
- 5 ☐ **Supplemental Information** (optional/if applicable)



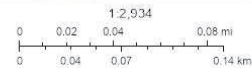
PARCEL INFORMATION HILLSBOROUGH COUNTY FLORIDA

Jurisdiction	Unincorporated County
Zoning Category	Residential
INFL	i
Zoning	RSC-9
Description	Residential - Single-Family Conventional
Flood Zone:X	AREA OF MINIMAL FLOOD HAZARD
FIRM Panel	0219H
FIRM Panel	12057C0219H
Suffix	H
Effective Date	Thu Aug 28 2008
Pre 2008 Flood Zone	X
Pre 2008 Firm Panel	1201150005E
County Wide Planning Area	East Lake Orient Park
Community Base Planning Area	East Lake Orient Park Area
Census Data	Tract: 010501 Block: 3027
Future Landuse	R-6
Urban Service Area	TSA
Waste Water Interlocal	City of Tampa Waste Water
Water Interlocal	City of Tampa Water
Mobility Assessment District	Urban
Mobility Benefit District	2
Fire Impact Fee	Northeast
Parks/Schools Impact Fee	NORTHEAST
ROW/Transportation Impact Fee	ZONE 4
Wind Borne Debris Area	140 MPH Area
Aviation Authority Height Restrictions	190' AMSL
Competitive Sites	NO
Redevelopment Area	NO

Folio: 39721.0000



September 23, 2025



Sources: Esri, TomTom, Garmin, FAD, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community, EGIS

Hillsborough County Florida

Folio: 39721.0000
PIN: U-33-28-19-1LY-000000-00021.0

Okaloosa Tampa Properties Llc

Mailing Address:

7302 Pelican Island Dr
null

Tampa, FL 33634-7470

Site Address:

6430 Oran St
Tampa, FL 33610

SEC-TWN-RNG: 33-28-19

Acreage: 0.16

Market Value: \$45,500.00

Landuse Code: 0000 VACANT RESIDENT

Hillsborough County makes no warranty, representation or guaranty as to the content, sequence, accuracy, timeliness, or completeness of any of the geodata information provided herein. The reader should not rely on the data provided herein for any reason. Hillsborough County explicitly disclaims any representations and warranties, including, without limitations, the implied warranties of merchantability and fitness for a particular purpose. Hillsborough County shall assume no liability for:

1. Any error, omissions, or inaccuracies in the information provided regardless of how caused.

Or

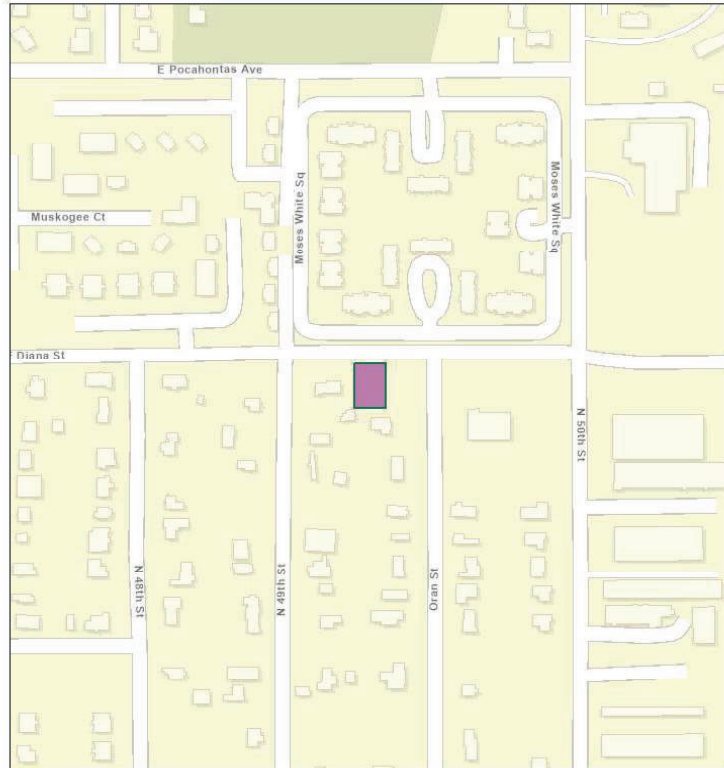
2. Any decision made or action taken or not taken by any person in reliance upon any information or data furnished hereunder.



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Mobility Benefit District	2
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Parks/Schools Impact Fee	NORTHEAST
ROW/Transportation Impact Fee	ZONE 4
Wind Borne Debris Area	140 MPH Area
Aviation Authority Height Restrictions	190' AMSL
Competitive Sites	NO
Redevelopment Area	NO

Folio: 39721.0005



September 23, 2025



Sources: Esri, TomTom, Garmin, FAD, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community, EGIS

Hillsborough County Florida

Folio: 39721.0005
PIN: U-33-28-19-1LY-000000-00021.1

Okaloosa Tampa Properties Llc

Mailing Address:

7302 Pelican Island Dr

null

Tampa, FL 33634-7470

Site Address:

0

null, FL null

SEC-TWN-RNG: 33-28-19

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Or

2. Any decision made or action taken or not taken by any person in reliance upon any information or data furnished hereunder.

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