



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

PERMIT NO. 21-0056
DATE PAID: 1/20/21
FEE PAID: 60.00
RECEIPT #: 1614448

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Matthew Hentzelman

AGENT: _____ TELEPHONE: 386-365-8438

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

LOT: 29 BLOCK: _____ SUBDIVISION: Hills at Rose Creek Phase II PLATTED: _____

PROPERTY ID #: 32-45-17-09116-129 ZONING: PPRD I/M OR EQUIVALENT: [Y / N]

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

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

PROPERTY ADDRESS: 333 SW Hill Creek Drive Lake city FL 32025

DIRECTIONS TO PROPERTY: South Twentynine, Left of Hill creek drive
second house on left

BUILDING INFORMATION

RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Storage Bldgm</u>	<u>0</u>	<u>1500</u>	<u>Original Attached</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

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

SIGNATURE: [Signature] DATE: 1/20/21

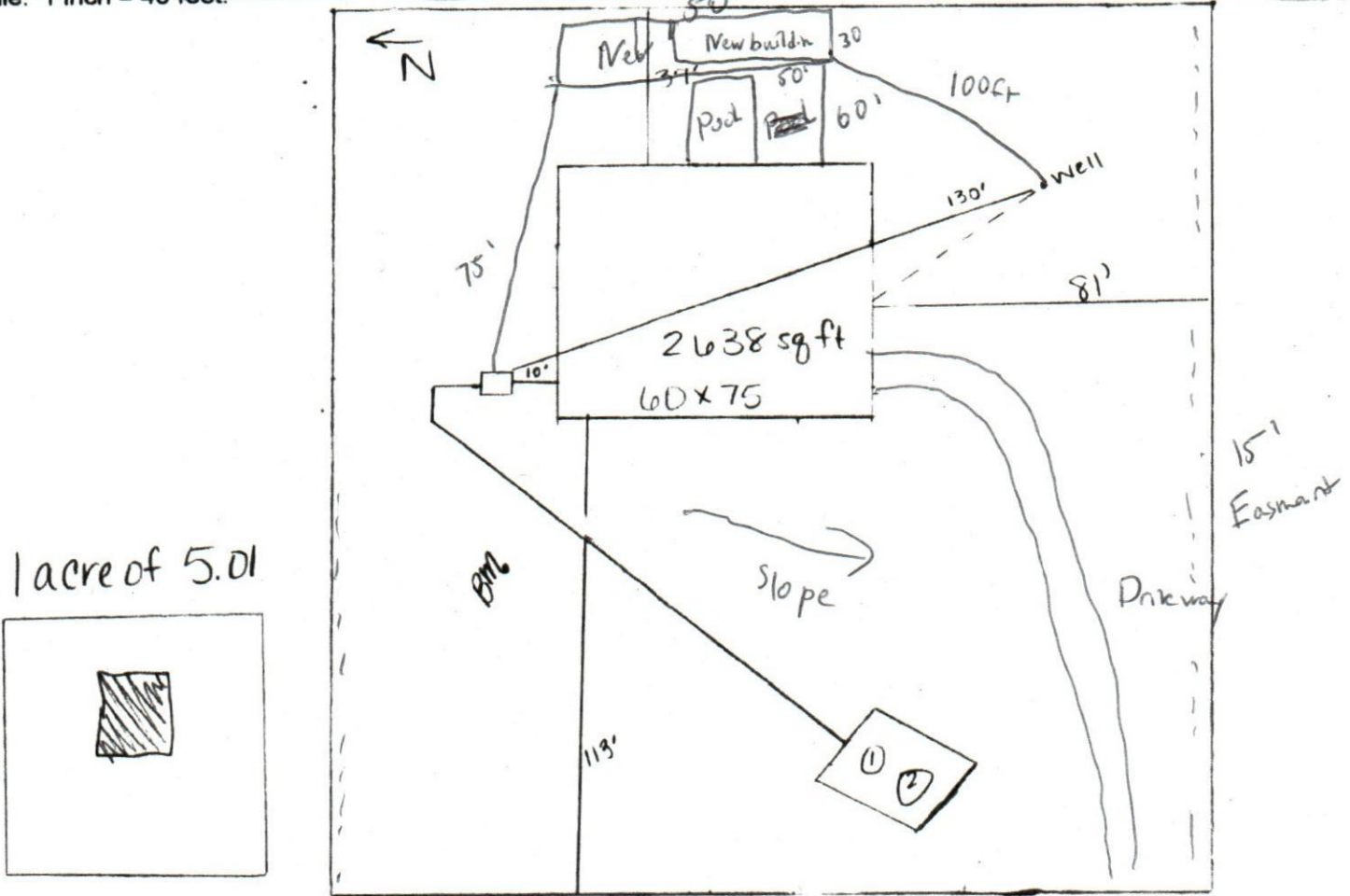
ms.hentzelman@gmail.com

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

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



Notes: _____

SW Hill Creek DR

REVISED

Notes: _____

Site Plan submitted by: Matt Henselman

Plan Approved _____

Not Approved _____

Date 4/25/2021

By Kelli Ross

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT