



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

21-1000

PERMIT NO. _____
 DATE PAID: 12-6-21
 FEE PAID: 60.00
 RECEIPT #: 1768367

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: Bruce W. Hill

AGENT: _____ TELEPHONE: 386-292-9563

MAILING ADDRESS: 485 SW Donovan Glen 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

LOT: 7 BLOCK: _____ SUBDIVISION: Donovan Woodland PLATTED: 1999

PROPERTY ID #: 33-45-16-03265-307 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [PRIVATE PUBLIC []] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 485 SW Donovan Glen, Lake City

DIRECTIONS TO PROPERTY: _____

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>Garage</u> | <u>0</u> | <u>624</u> | ORIGINAL ATTACHED |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ |

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

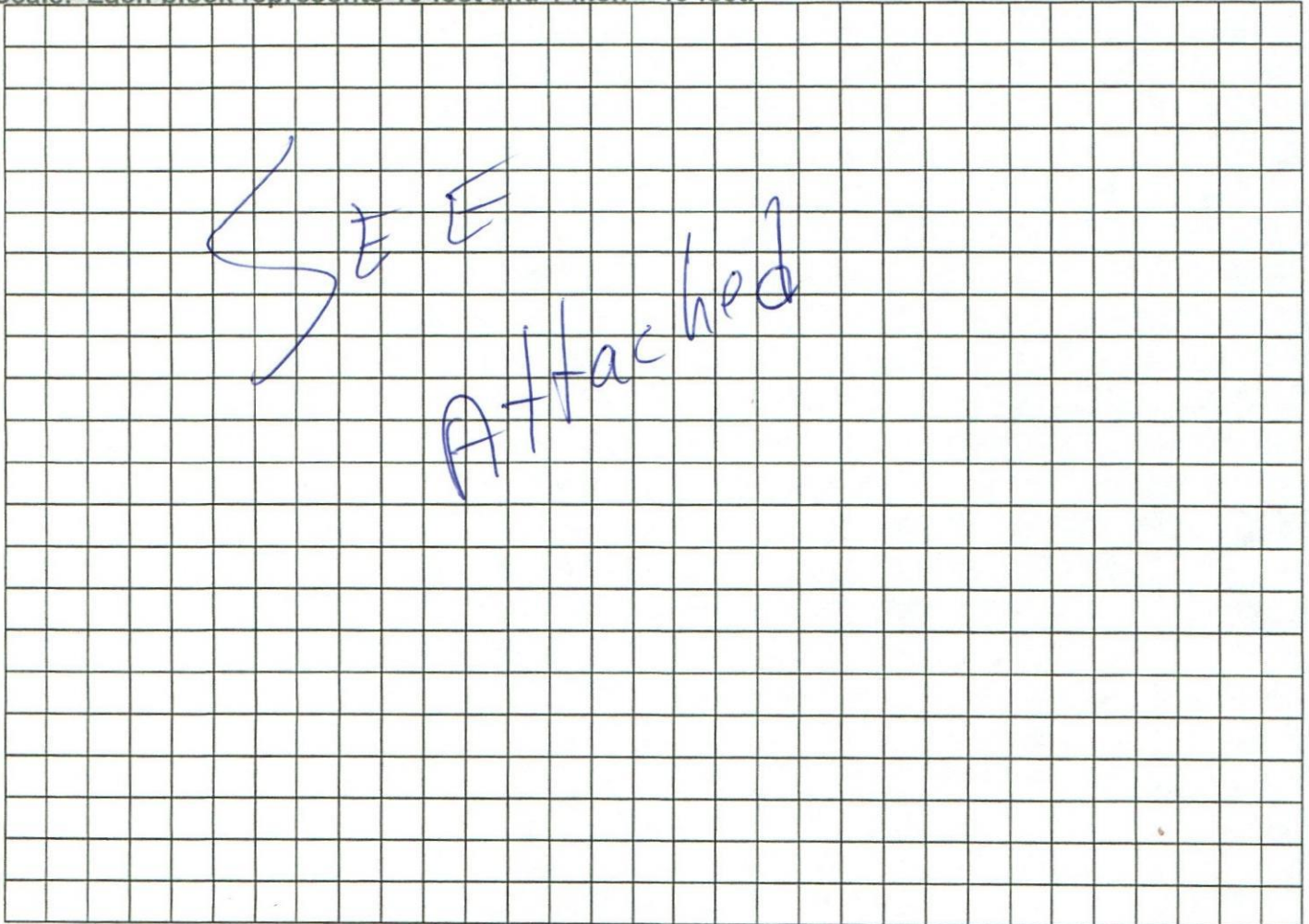
SIGNATURE: Bruce Hill DATE: 12/6/2021

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

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



Notes: _____

Site Plan submitted by: Bruce Hill Agent: _____ Owner: _____ Date: _____

Plan Approved Not Approved _____ Date 12-10-21

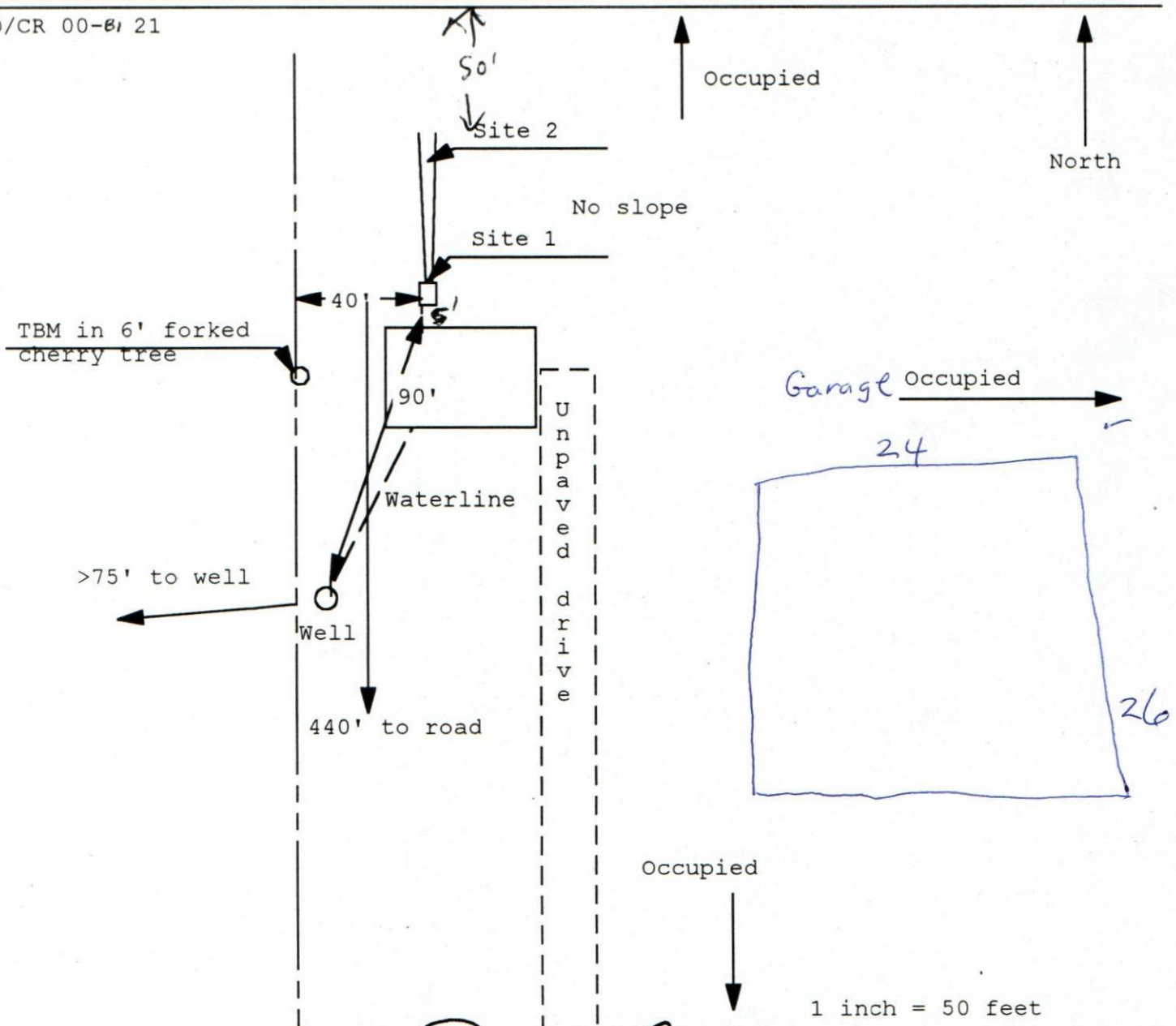
By Jalili Ford Env Health Director COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

21-1000

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

BEARD/CR 00-8: 21



Site Plan Submitted By Paul Lopez Date 7/2/01
 Plan Approved Not Approved Date 7/2/01

By Paul Lopez / Sawyer ESI CPHU

Notes: _____

Bw ~~Hold~~