



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

PERMIT NO: 20-1015
 DATE PAID: 12/14/20
 FEE PAID: 60.00
 RECEIPT #: 1607924

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Mary Dicks

AGENT: Reed McDaniel Construction/Leslie McDaniel TELEPHONE: 386 752 4072

MAILING ADDRESS: 2230 SE Baya Dr. Ste 101 Lake City FL

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 PLATED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 26451603185009 ZONING: RSE-2 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.944 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 196 SW zebra Terr Lake City FL 32024

DIRECTIONS TO PROPERTY: On NE Hernando L toward Hernando RWE

Hernando R @ 1st Cross Street to EDUVAL R on FL 475 R COUNTY RD
242 L on zebra terr.

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>Attached Carport</u>	<u>0</u>	<u>384.0</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Mary Dicks DATE: 12.14.2020

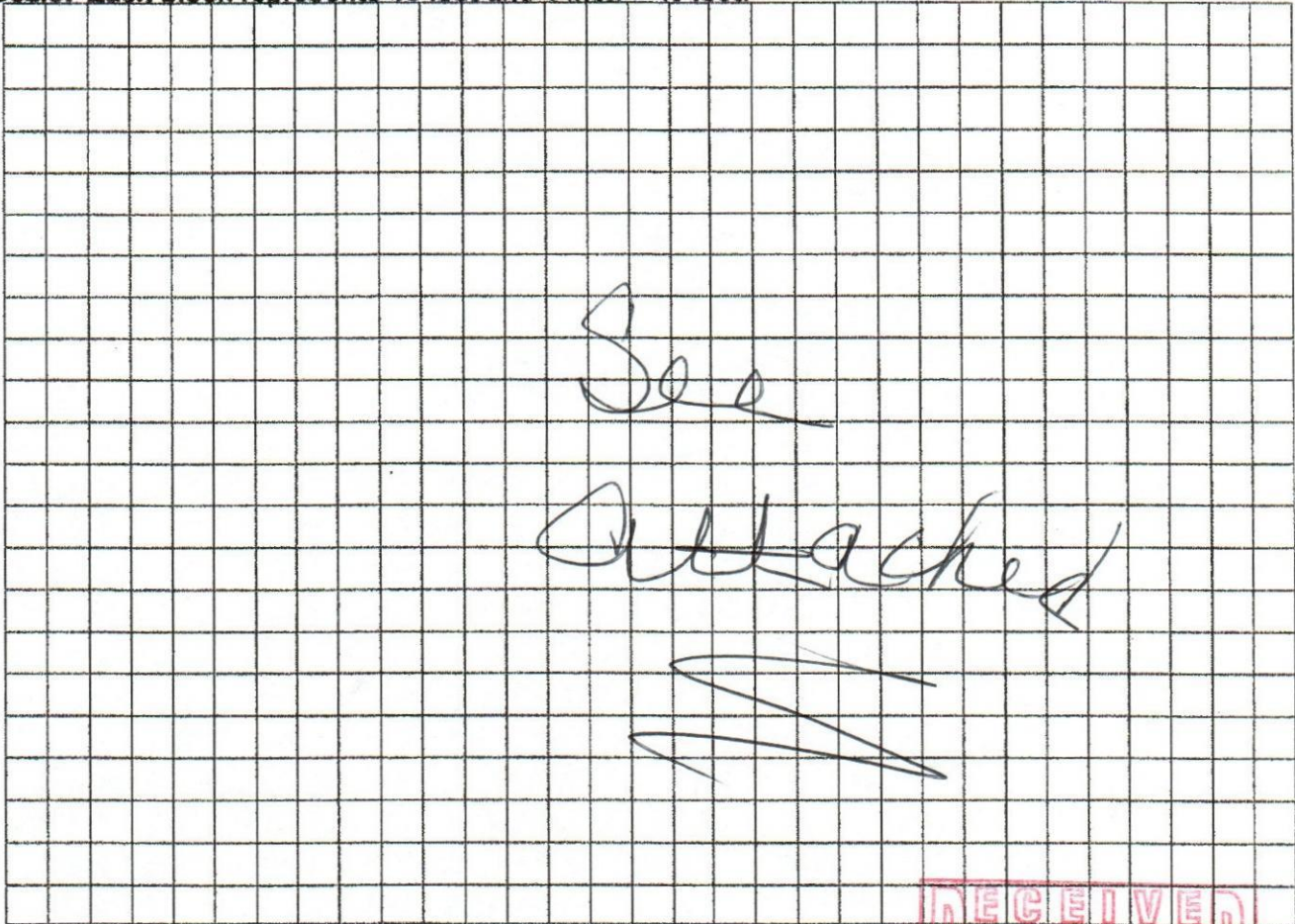
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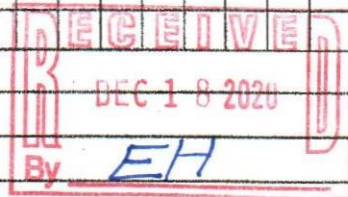
----- PART II - SITEPLAN -----

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

Dicks



Notes: _____



Site Plan submitted by: Reed McDaniel CONS. Agent: Lester McDaniel Owner: Mary Dicks Date: Dec. 14. 2020

Plan Approved Not Approved

Date 12/22/20

By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

0 53 108 159 212 265 318 371 424



RECEIVED
 DEC 18 2020
 By *HE*