



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

PERMIT NO. 20-0855  
 DATE PAID: 10/22/20  
 FEE PAID: 618240  
 RECEIPT #: 1587834

APPLICATION FOR:

- New System       Existing System       Holding Tank       Innovative  
 Repair       Abandonment       Temporary

APPLICANT: Jeffrey Harkins

AGENT: Dale Burd / Dale Burd LLC

TELEPHONE: 386-365-7674

MAILING ADDRESS: 20619 County Road 137, Lake City, FL, 32024

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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.

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PROPERTY INFORMATION

LOT: na      BLOCK: na      SUBDIVISION: na      PLATTED: na

PROPERTY ID #: 10-4S-16-02842-003      ZONING: NA      I/M OR EQUIVALENT: [ No ]

PROPERTY SIZE: 1 ACRES      WATER SUPPLY:  PRIVATE      PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ No ]      DISTANCE TO SEWER: na FT

PROPERTY ADDRESS: 683 SW Troy St, Lake City, FL, 32024

DIRECTIONS TO PROPERTY: SR 247 South, TR Troy Street, 6/10ths mile to address on right

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	SF Residential / MH	3	2346	3 BR for 3 BR Like for Like
2				ORIGINAL ATTACHED
3				
4				

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

SIGNATURE: \_\_\_\_\_

DATE: 10/22/2020

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

Permit Application Number 20-0855

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

Scale: 1 inch = 40 feet.

PLEASE SEE ATTACHED

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

Site Plan submitted by: [Signature] \_\_\_\_\_ CONTRACTOR  
Plan Approved  Not Approved \_\_\_\_\_ Date 10/27/20  
By [Signature] Columbia County Health Department

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

