



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

PERMIT NO. 21-0294
 DATE PAID: 8/24/09
 FEE PAID: 400.00
 RECEIPT #: _____

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: Keith Shrum

AGENT: _____ TELEPHONE: 386 623-2777

MAILING ADDRESS: 390 SW IRIS CT 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: 12 BLOCK: _____ SUBDIVISION: Magnolia Ac PLATTED: _____

PROPERTY ID #: 36-45-15-00414-212 (1665) ZONING: _____ I/M OR EQUIVALENT: [Y N]

PROPERTY SIZE: 11.58 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 160' FT

PROPERTY ADDRESS: 390 SW IRIS CT LAKE CITY, FL 32024

DIRECTIONS TO PROPERTY: HWY 49 to Cypress Lake Rd - left - go 1.25 miles, turn left on IRIS CT - 5th 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>Accessory shed</u>	<u>0</u>	<u>936</u>	<u>original attached</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

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

SIGNATURE: Keith E. Shrum DATE: 3/25/21

KShrum52@gmail.com

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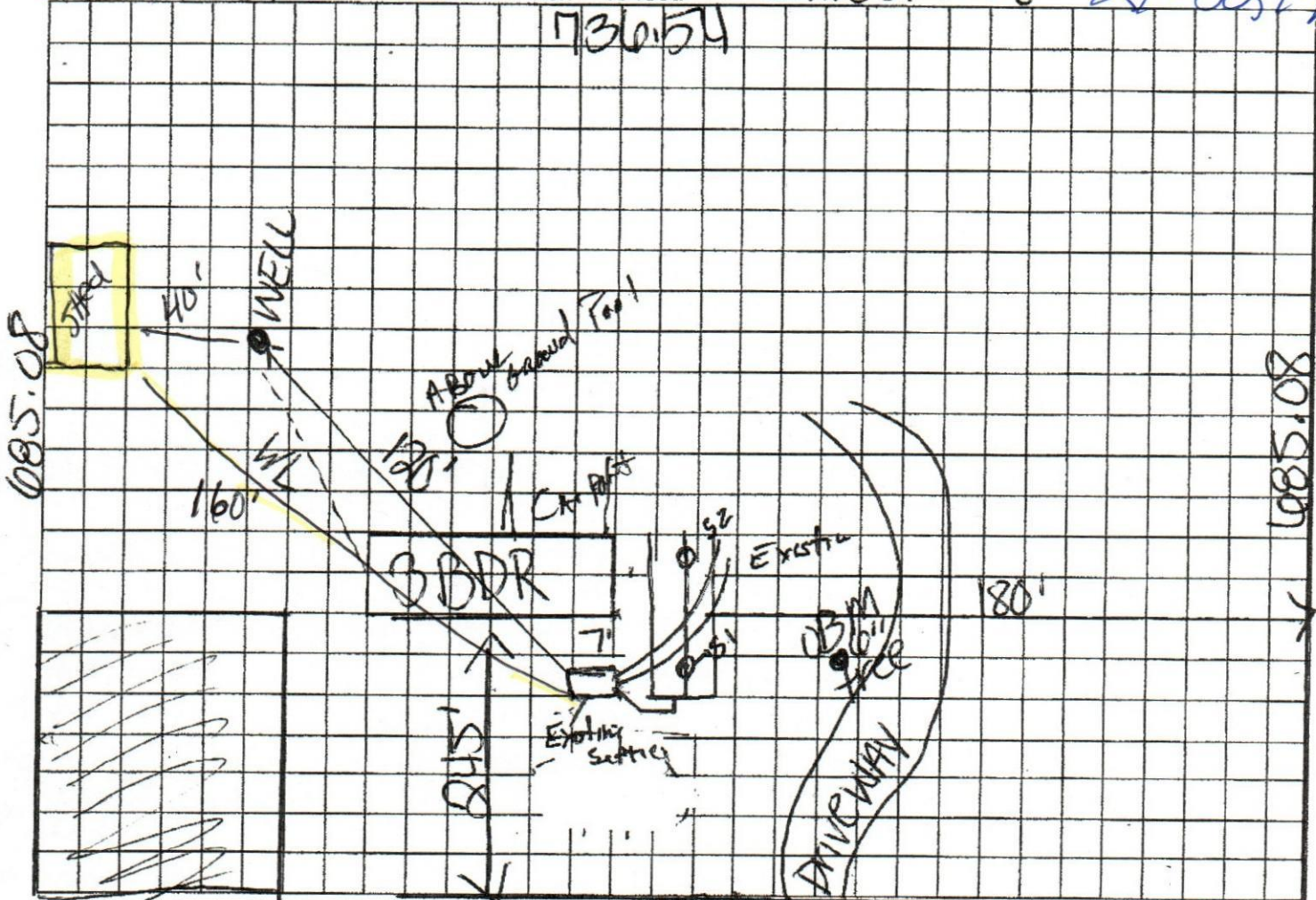
Permit Application Number _____

PART II - SITEPLAN

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

1 Arc of 11.58 21-0294

736.54



Notes: _____

* Site Plan submitted by: Keith Shaum
 Plan Approved _____ Not Approved _____ Date 3/26/2021
 By Kelle By Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT