



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

PERMIT NO. 21-0808
 DATE PAID: 10/5/21
 FEE PAID: 600.00
 RECEIPT #: 1734976

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Linda Peterson

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: 113 SW Bloomington Ter Lake City FL 32025

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: 4,5 BLOCK: 7 SUBDIVISION: Moon City PLATTED: _____

PROPERTY ID #: 22-59-17-09340-070 ZONING: _____ 1/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .4 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 113 SW Bloomington Ter Lake City FL 32025

DIRECTIONS TO PROPERTY: us 41 to SW Turner Place go to corner of Turner Pl & Bloomington Ter

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>Singlewide</u>	<u>2</u>	<u>784</u>	<u>ORIGINAL ATTACHED</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[] Floor/Equipment Drains Other (Specify) _____

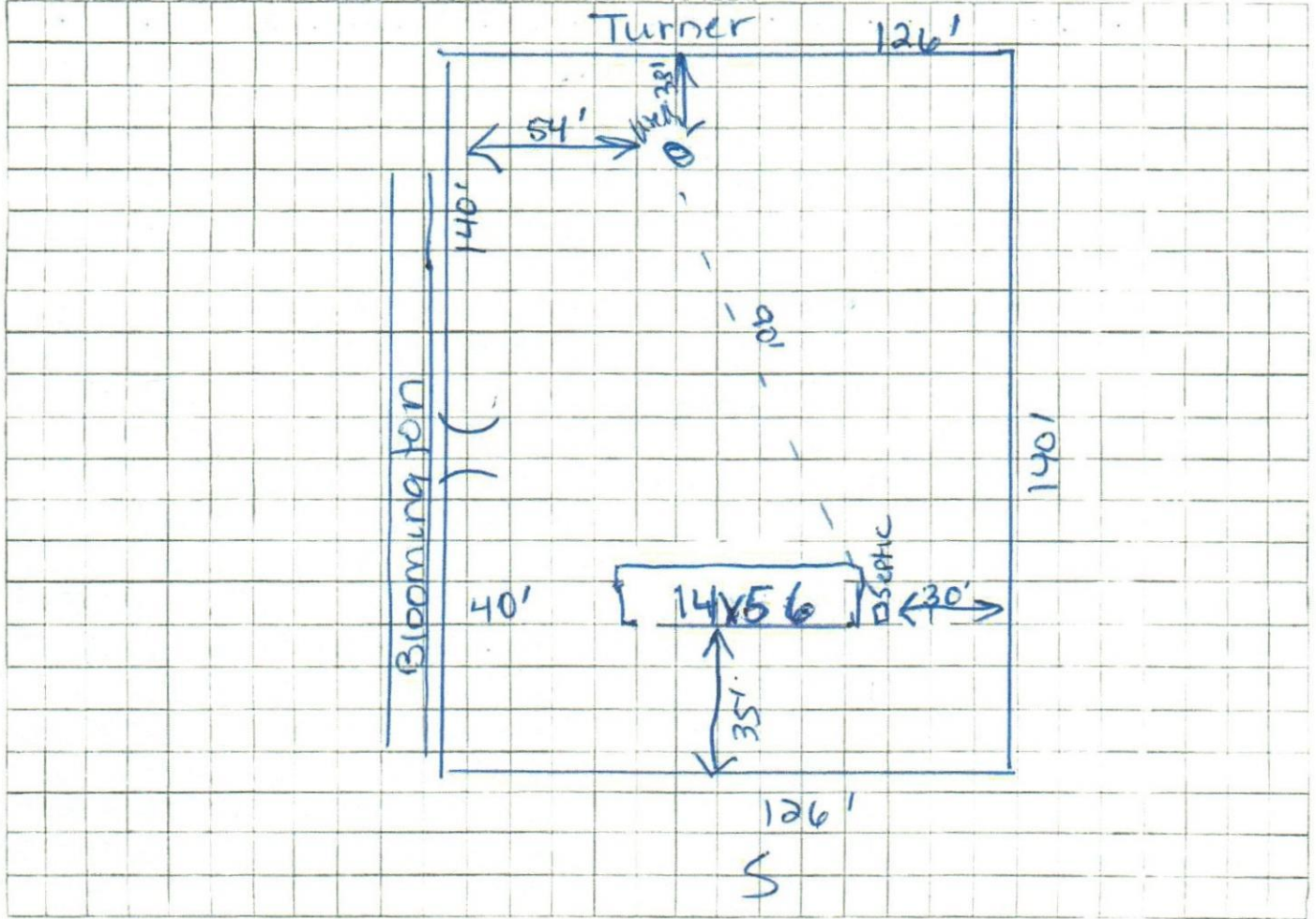
SIGNATURE: Linda M Peterson DATE: 10/4/21

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PART II - SITEPLAN

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



Notes: _____

Site Plan submitted by: _____ TITLE _____ DATE: _____
 Plan Approved _____ Not Approved _____ Date _____
 By Wanda Ny _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

APPROVED

Columbia CHD

[Signature] 10/6/21