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

PERMIT NO. 22-0102  
DATE PAID: 2/12/22  
FEE PAID: 100.00  
RECEIPT #: 1282223

APPLICATION FOR:

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

APPLICANT: April S. Tompkins

AGENT: \_\_\_\_\_ TELEPHONE: (386) 288-1898

MAILING ADDRESS: 2676 SW Tustenuggee Ave, Lake City, Florida 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: N/A BLOCK: N/A SUBDIVISION: N/A PLATTED: N/A

PROPERTY ID #: 32-45-17-08925-001 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 1.13 ACRES WATER SUPPLY:  PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 2676 SW Tustenuggee Ave, Lake City, FL 32025

DIRECTIONS TO PROPERTY: go S on Hwy 41-441 to CR 131 turn R go approx 2-2 1/4 miles to the 1st residence on R past SW Bedenhangh LN

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>Storage Bldg</u>	<u>N/A</u>	<u>1200</u>	<u>Open floor Plan</u>
2	<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>
3	<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>
4	<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>

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

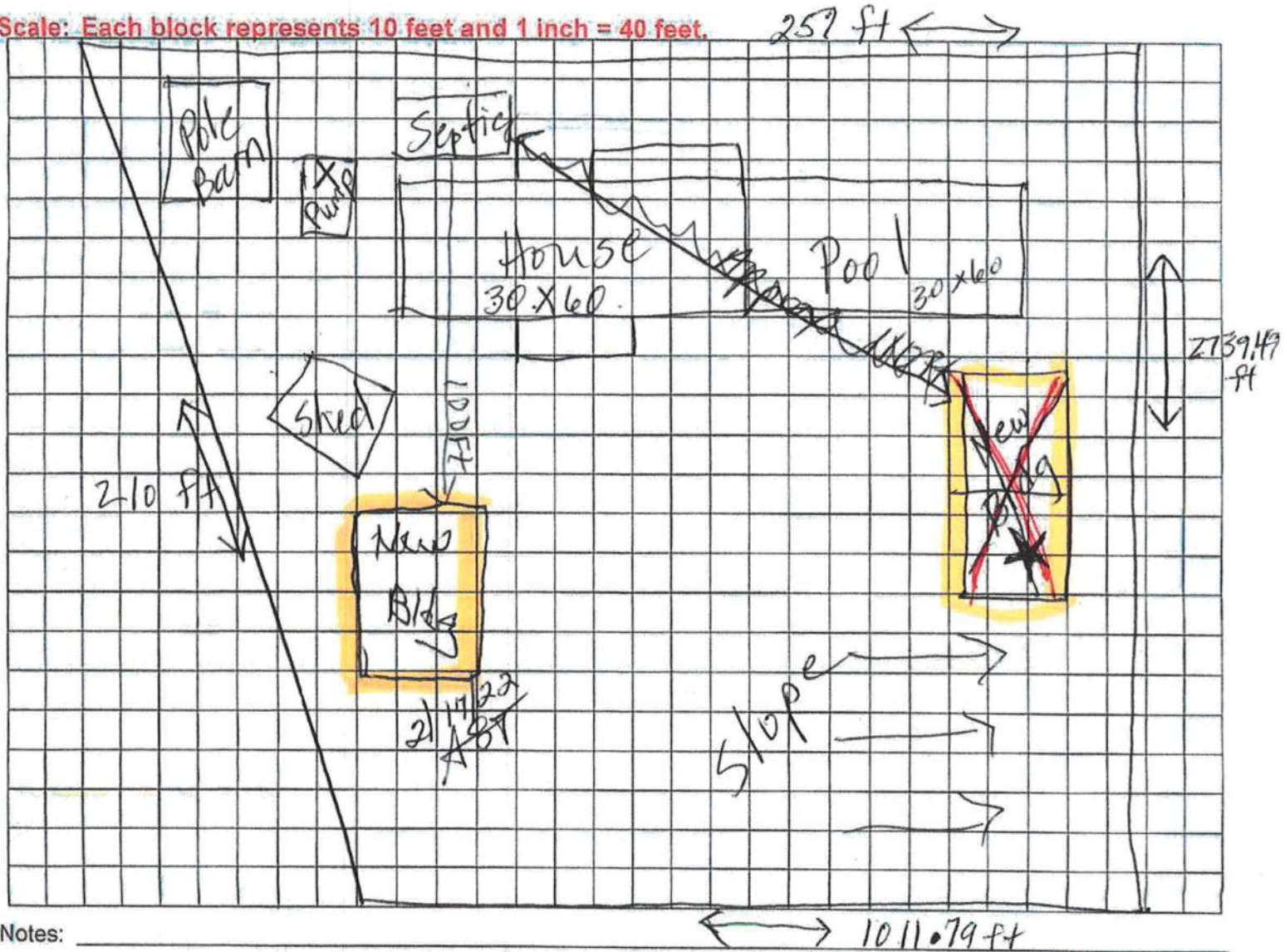
SIGNATURE: April S. Tompkins DATE: 2/8/2022

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

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



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

Site Plan submitted by: April S. Tompkins TITLE Owner DATE: 2/8/2022  
 Plan Approved  Not Approved \_\_\_\_\_ Date 2/18/22  
 By \_\_\_\_\_ County Health Department

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