



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM

CR # 10-7567

PERMIT NO. 20-0291  
DATE PAID: 4.13.20  
FEE PAID: 310.00  
RECEIPT #: AP1478651

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: JASON MARCANO LIVING TRUST

AGENT: PAUL LLOYD

TELEPHONE: (772) 446-2550

MAILING ADDRESS: 586 SW KAABE AVE.

PORT ST. LUCIE FL 34953

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: METES AND BOUNDS PLATTED: \_\_\_\_\_

PROPERTY ID #: 23-7S-16-04300-001 ZONING: RES I/M OR EQUIVALENT: [ NO ]

PROPERTY SIZE: 5.000 ACRES WATER SUPPLY:  PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ NO ] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 3088 CR 138 FT. WHITE

DIRECTIONS TO PROPERTY: TAKE SR 47 THRU FT. WHITE, TURN LEFT ON CR 138. SITE ON RIGHT AT 1ST HARD CURVE.

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>HOUSE</u>          | <u>3</u>        | <u>1,993</u>       | <u>TOTAL SQUARE FOOTAGE AFTER REMODEL</u>                          |
| 2        |                       |                 |                    | <u>ORIGINAL HOUSE BUILT IN THE 1950'S</u>                          |
| 3        |                       |                 |                    |  |
| 4        |                       |                 |                    |  |

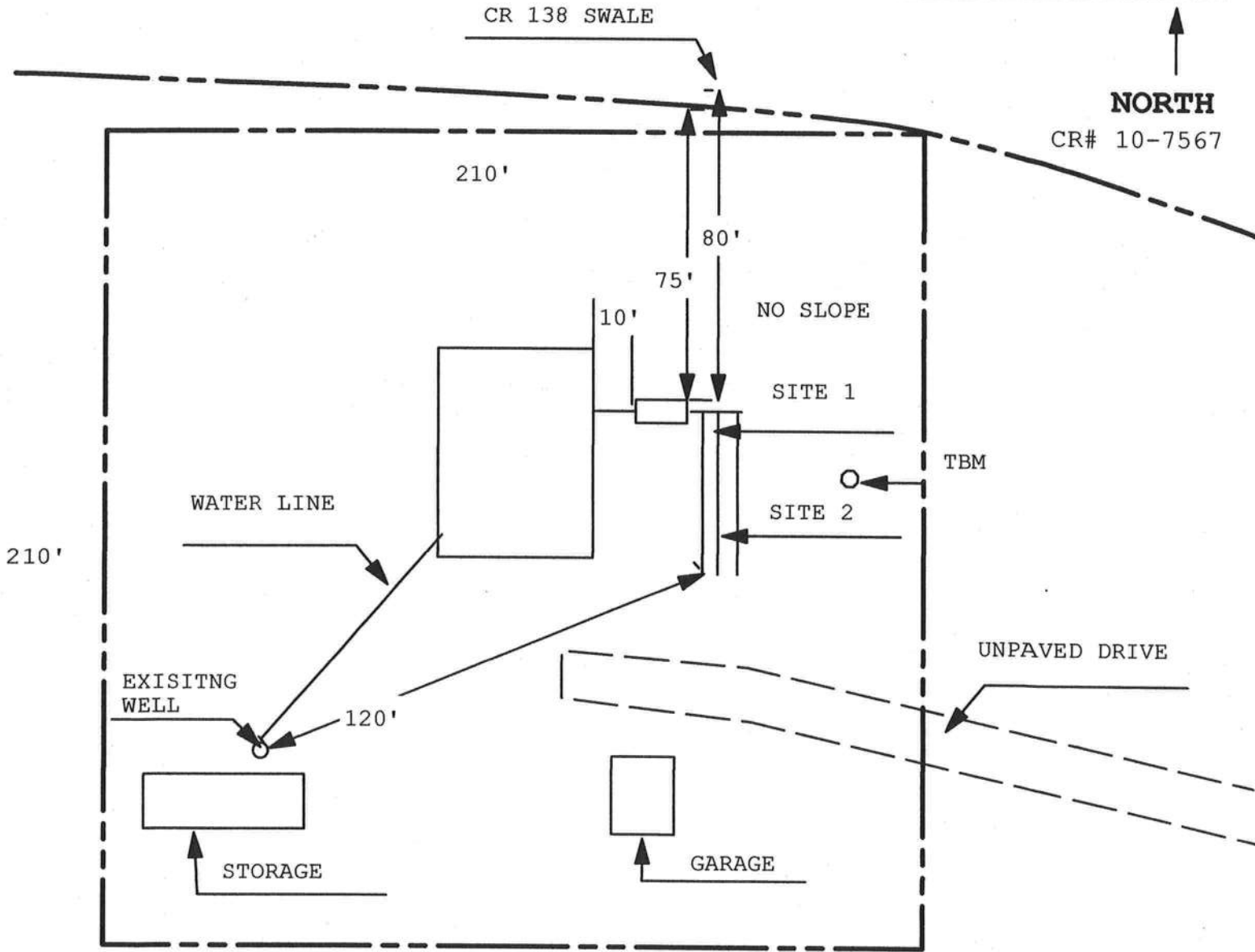
[ ] Floor/Equipment Drains [ ] Other (Specify)

SIGNATURE: Paul Lloyd

DATE: 4/13/20

**Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan**  
**Permit Application Number:** 20-0291

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



NO WELLS WITHIN 100'

1 INCH = 40 FEET

Site Plan Submitted By Paul Lloyd Date 4/7/20  
 Plan Approved / Not Approved / Date 4/15/20

By [Signature] Columbia CHD CPHU

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