



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

PERMIT NO. 20-0775
 DATE PAID: 9/24/20
 FEE PAID: 610.00
 RECEIPT #: 1580501

APPLICATION FOR:
 New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary Like-Like

APPLICANT: Todd & Sabrina Green
 AGENT: H&L Customer Service, LLC TELEPHONE: (386) 984-9334
 MAILING ADDRESS: 301 SW Faul Ct, Lake City, FL, 32024
heidemorrison@gmail.com

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: 15 BLOCK: _____ SUBDIVISION: Blaine Estates Phase 1 PLATTED: _____

PROPERTY ID #: 22-45-16-03090-115 ZONING: _____ I/M OR EQUIVALENT: Y N

PROPERTY SIZE: 1.01 ACRES WATER SUPPLY: PRIVATE PUBLIC ≤ 2000 GPD > 2000 GPD
 IS SEWER AVAILABLE AS PER 381.0065, FS? Y N DISTANCE TO SEWER: 100 FT

PROPERTY ADDRESS: 293 SW Friendship Way, Lake City, FL, 32024
 DIRECTIONS TO PROPERTY: Turn (C) onto NE Madison St, Turn (L) onto N Marion Ave
Turn (R) onto W Duval St, Turn (L) onto SW Sisters Welcome Rd, Turn (R)
onto SW County Rd 242, Turn (R) onto SW Friendship Way, Destination on your (P)

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>Old mobile home</u>	<u>3b, 2bath</u>	<u>1958 sq ft</u>	
2	<u>New mobile home</u>	<u>3b, 2bath</u>		<u>2305 sq ft</u>
3				ORIGINAL ATTACHED
4				

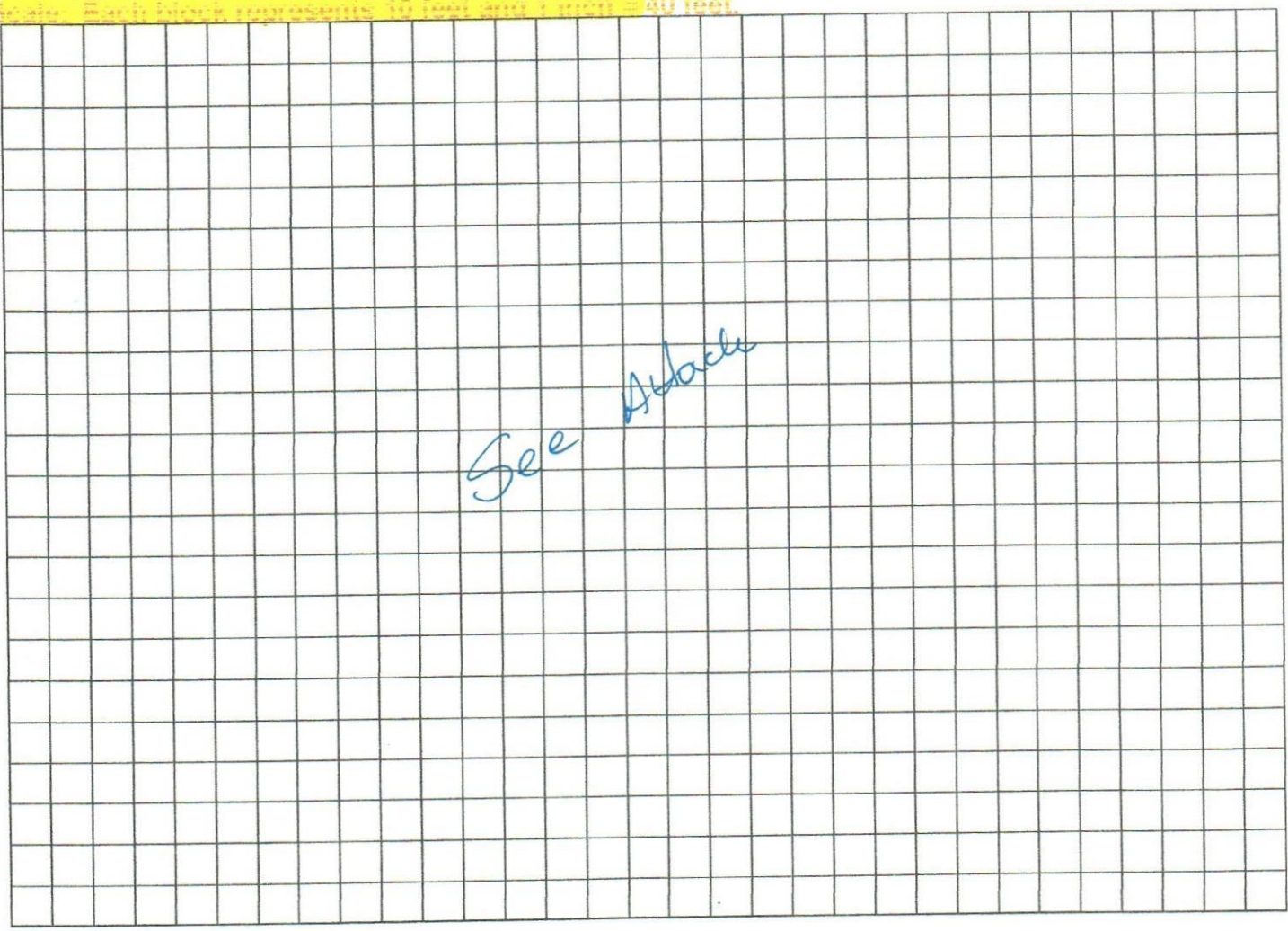
Floor/Equipment Drains Other (Specify) _____
 SIGNATURE: Jfmorrison DATE: 09/23/20

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

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



Notes: Todd & Sabrina Green
Parcel ID: 22-45-16 03090 - 115

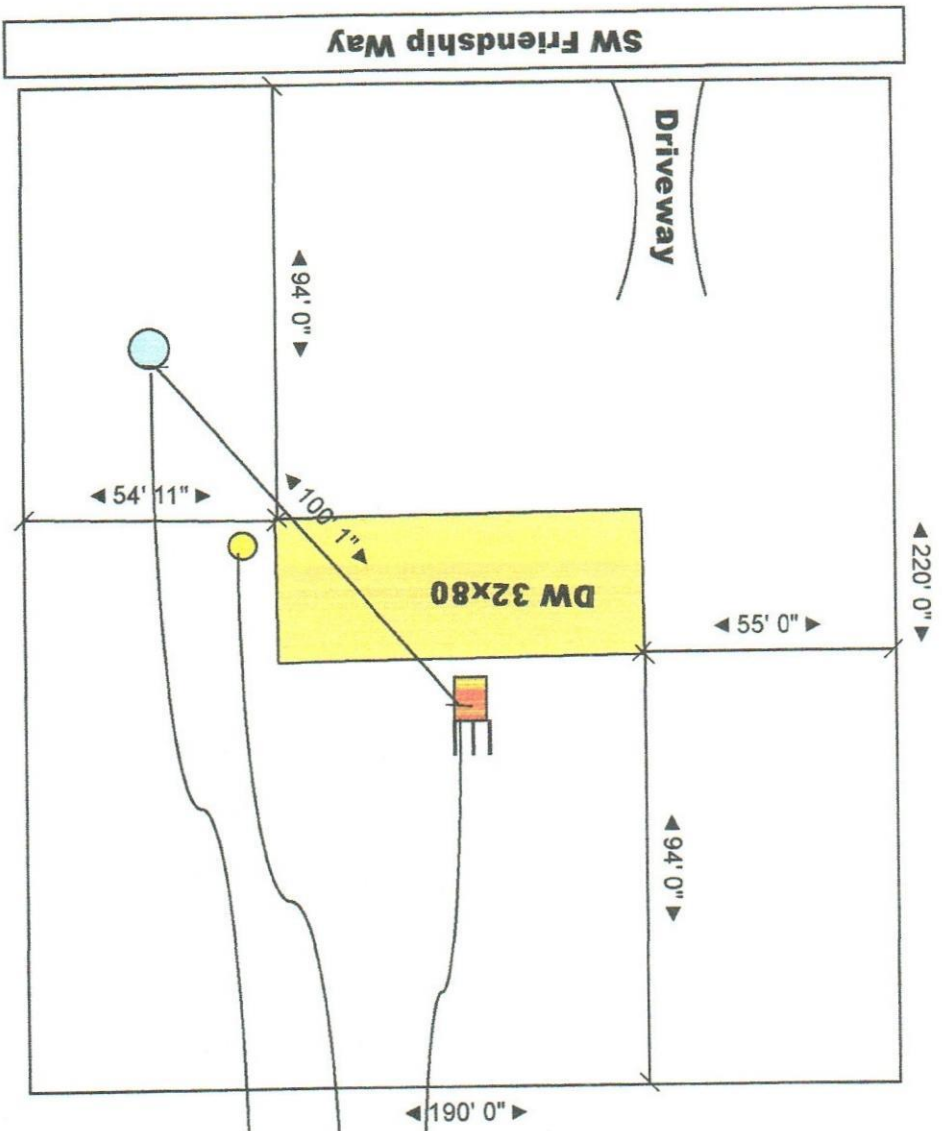
Site Plan submitted by: J. Morrison Agent: (circled) Owner: _____ Date: 09/23/20

Plan Approved X Not Approved _____ Date 9/28/20

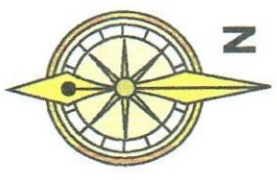
By (Signature) COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20-0775



Parcel ID: 22-4S-16-03090-115



Existing Septic

Existing Power Pole

Existing Well

Site: 293 SW Friendship Way, Lake City	Drawing: 8000293	Project: 0000293	Drawn: Heide M	Notes:	H&L Customer Service, LLC 301 SW Faul Ct Lake City, FL, 32024 386-984-9334
Title: Todd & Sabrina Green	Scale: 1"=40'	Date: 04/09/20	Rev: A		

