



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

PERMIT NO. 20-1045
DATE PAID: 12-29-20
FEE PAID: 60.00
RECEIPT #: AP/1607896

APPLICATION FOR:

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

APPLICANT: Amanda S. Green

AGENT: _____ TELEPHONE: 386-365-3566

MAILING ADDRESS: PO Box 370, LC, FL 32056

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: BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 08-35-17-04902-000 ZONING: _____ I/M OR EQUIVALENT: Y / N

PROPERTY SIZE: 10 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

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

PROPERTY ADDRESS: 753 NE Frazier Ln., Lake City, FL 32055

DIRECTIONS TO PROPERTY: Take 441 North under I-10 take first road to right Frazier Ln Follow to deadend take dirt drive to left follow to end.

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	Mobile home	2	1568	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: [Signature] DATE: 12/16/20

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20-0045

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

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

Notes: See attached

Site Plan submitted by: [Signature] TITLE _____ DATE: 12/28/2020

Plan Approved Not Approved Date 1/6/21

By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

New House

Well

20-10955

shed

Septic Tank

OLD House

Being removed

Highway 101

shed

shed

