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

PERMIT NO. 14-8965  
DATE PAID: 5/17/14  
FEE PAID: 425.00  
RECEIPT #: 1146187

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary     \_\_\_\_\_

APPLICANT: 1HB Holdings / Innovative Home Builders of N. Fla. Inc

AGENT: Kevin Scott    TELEPHONE: 239-218-9534

MAILING ADDRESS: 16745 NW 252<sup>nd</sup> Ter. High Springs, FL 32643

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: 3    BLOCK: \_\_\_\_\_    SUBDIVISION: College Grove aka Rose Pointe    PLATTED: Y <sup>2008 PB.9</sup> <sub>pg. 59-6</sub>

PROPERTY ID #: 15-48-16 D3011-103    ZONING: \_\_\_\_\_    I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 0.31 ACRES    WATER SUPPLY: [ ] PRIVATE    PUBLIC  <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 171 SW Rose Pointe Place Lake City 32024

DIRECTIONS TO PROPERTY: South on Hwy 247 to subdivision on left. Lot 3 is 3<sup>rd</sup> lot on left.

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>SFR</u>	<u>3</u>	<u>1302</u>	
2				
3				
4				

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

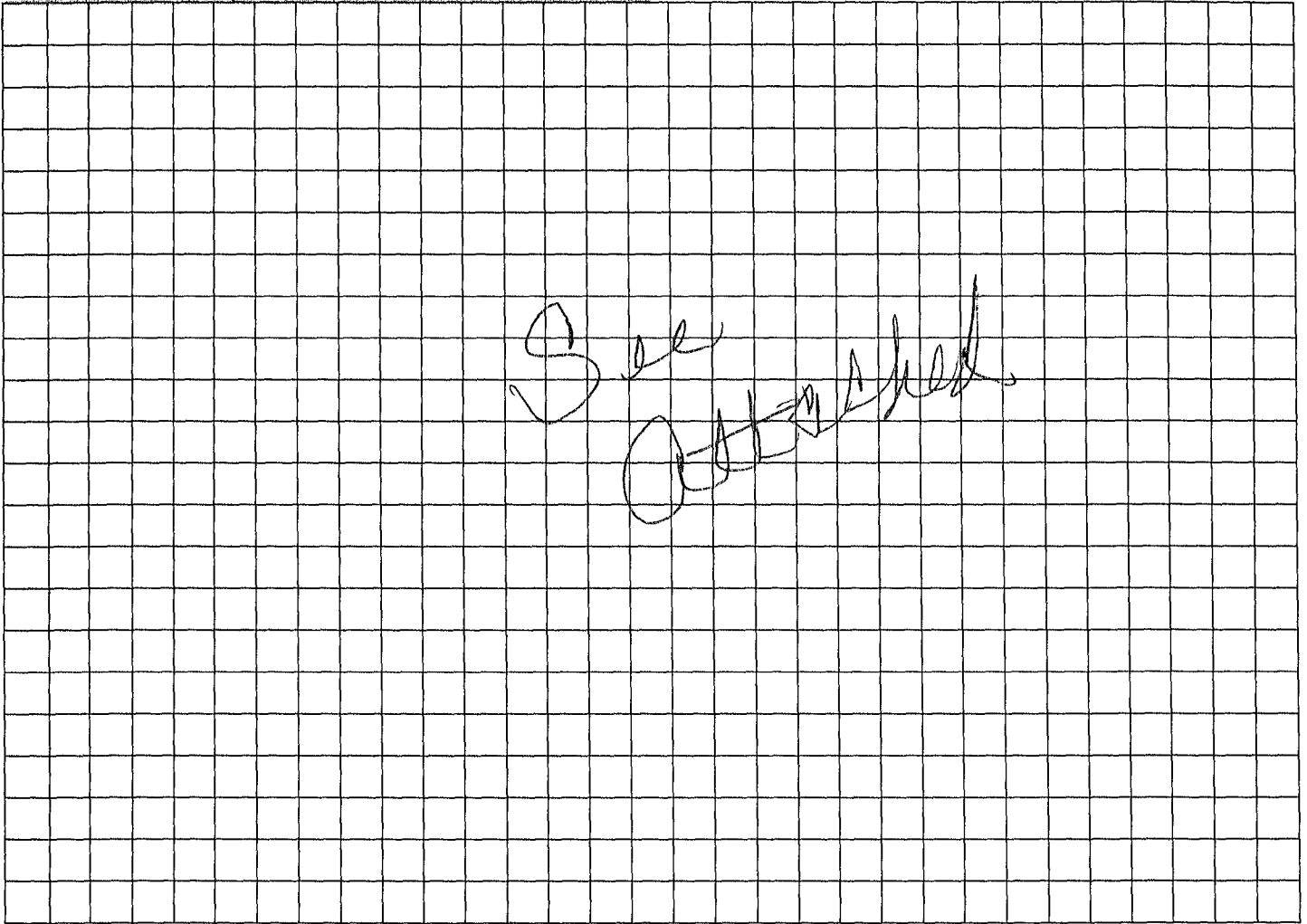
SIGNATURE: [Signature]    DATE: 5-6-14

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 14-0265

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

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



See Attached

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

Site Plan submitted by: H.M.S. [Signature] Agent  
Plan Approved  REVIEWED -Not Approved  - - - -  
By: [Signature] Date 5/21/14  
County Health Department

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