



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

PERMIT NO. 20-0659
 DATE PAID: 8/14/20
 FEE PAID: 60.00
 RECEIPT #: 1551839

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Norman Terry Dicks

AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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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.

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PROPERTY INFORMATION

LOT: NA BLOCK: NA SUB: metes and bounds PLATTED: _____

PROPERTY ID #: 10-5S-17-09183-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 46 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 452 SW County Road 240, Lake City, FL 32025

DIRECTIONS TO PROPERTY: SR 41 South, TR on CR 240,
approx. 3/4 miles 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	SF Residential	Ø	10x25	breezy way
2		Ø	30x36	carport
3				

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

SIGNATURE: William D. Bishop II DATE: 8/12/2020

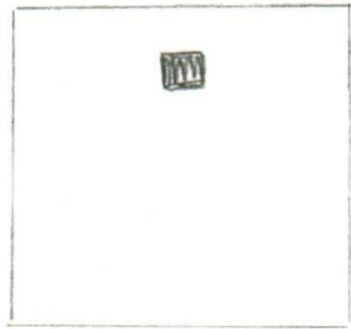
STATE OF FLORIDA
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 APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 20-0659

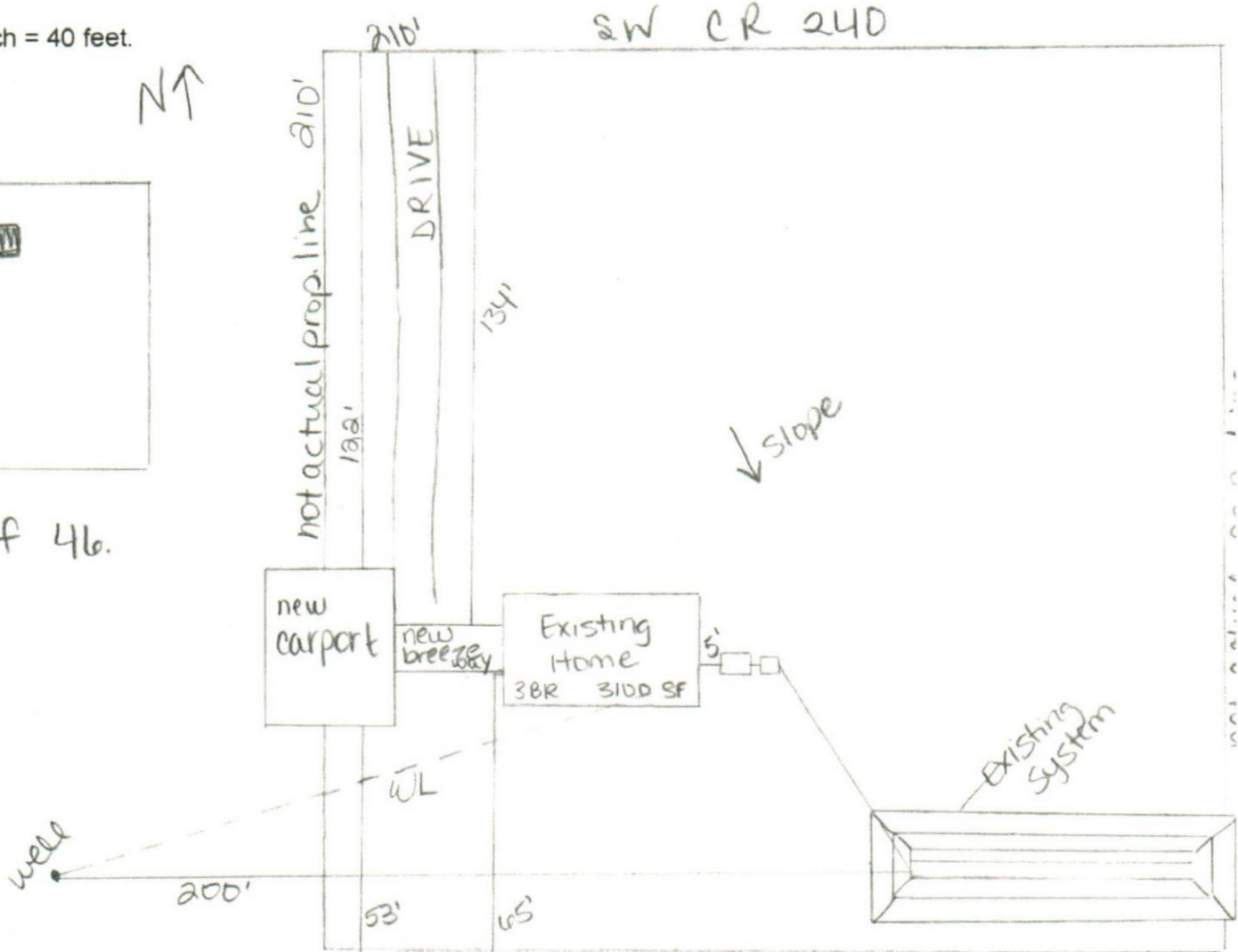
Dicks

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



1 acre of 46.



Notes: _____

1 acre of 46.

Site Plan submitted by: William D. Bishop II
 Plan Approved Not Approved _____
 By: [Signature] Columbia CHD

MASTER CONTRACTOR
 Date 8-12-20
 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT.