



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

PERMIT NO. 22-0094
DATE PAID: 2/1/22
FEE PAID: 200.00
RECEIPT #: 18020204

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Derek Sneed
AGENT: Sonup North TELEPHONE: 260-337-3557
MAILING ADDRESS: 1468 Sw main Blvd 105-1 Lake City FL 32055

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: 2 BLOCK: _____ SUBDIVISION: Oak Forest Landing PLATTED: _____

PROPERTY ID #: 20-35-17-05182-102 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1 ACRES WATER SUPPLY: [PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 628 NE Diana Terr Lake City

DIRECTIONS TO PROPERTY: R on US-441N, R on NE Tammy Ln, R on NE Diana Terr, property on R

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>mobile home</u>	<u>3</u>	<u>1216</u>	ORIGINAL ATTACHED
2	_____	_____	_____	
3	_____	_____	_____	
4	_____	_____	_____	

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

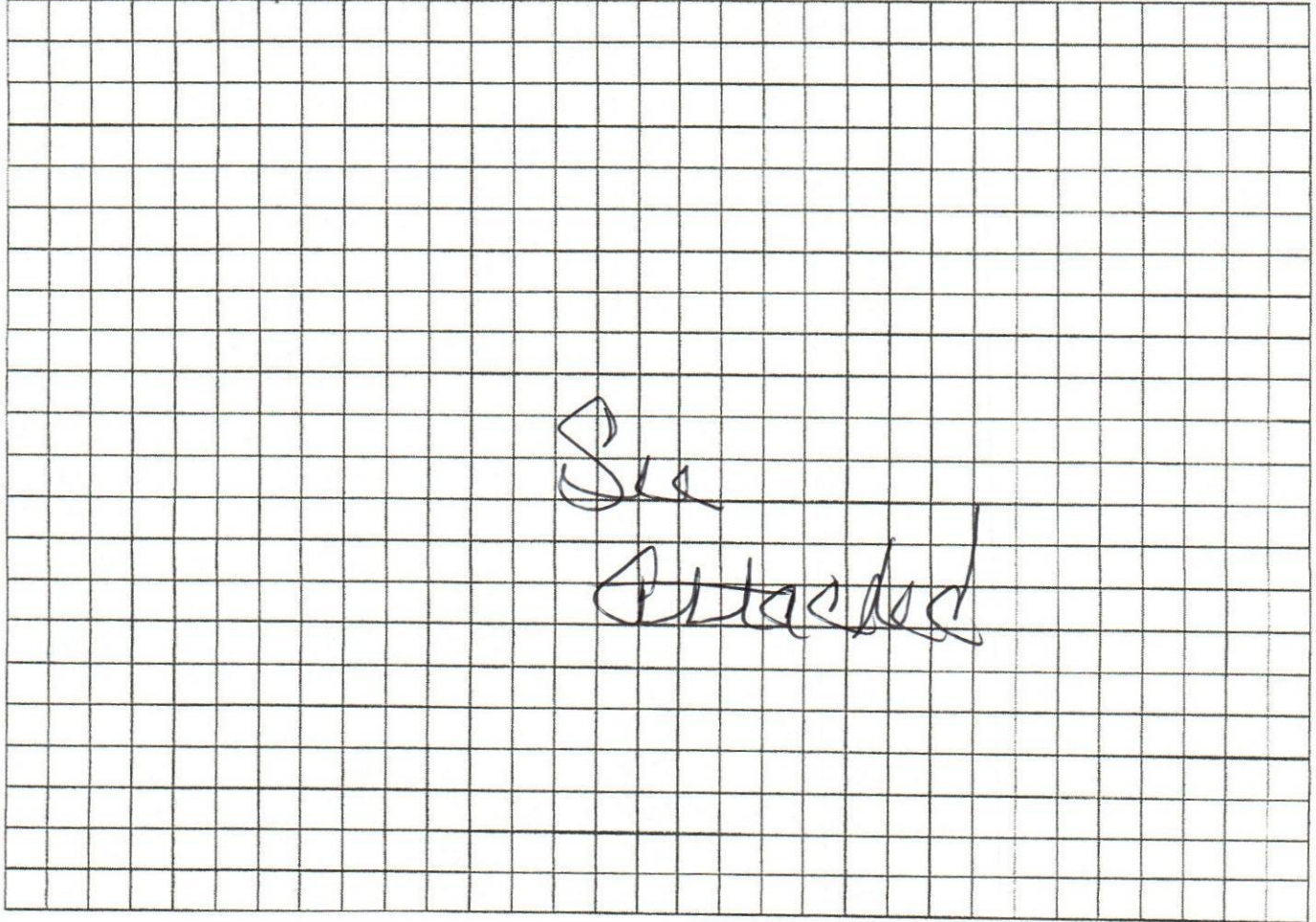
SIGNATURE: Sonup North DATE: 2/1/22

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

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



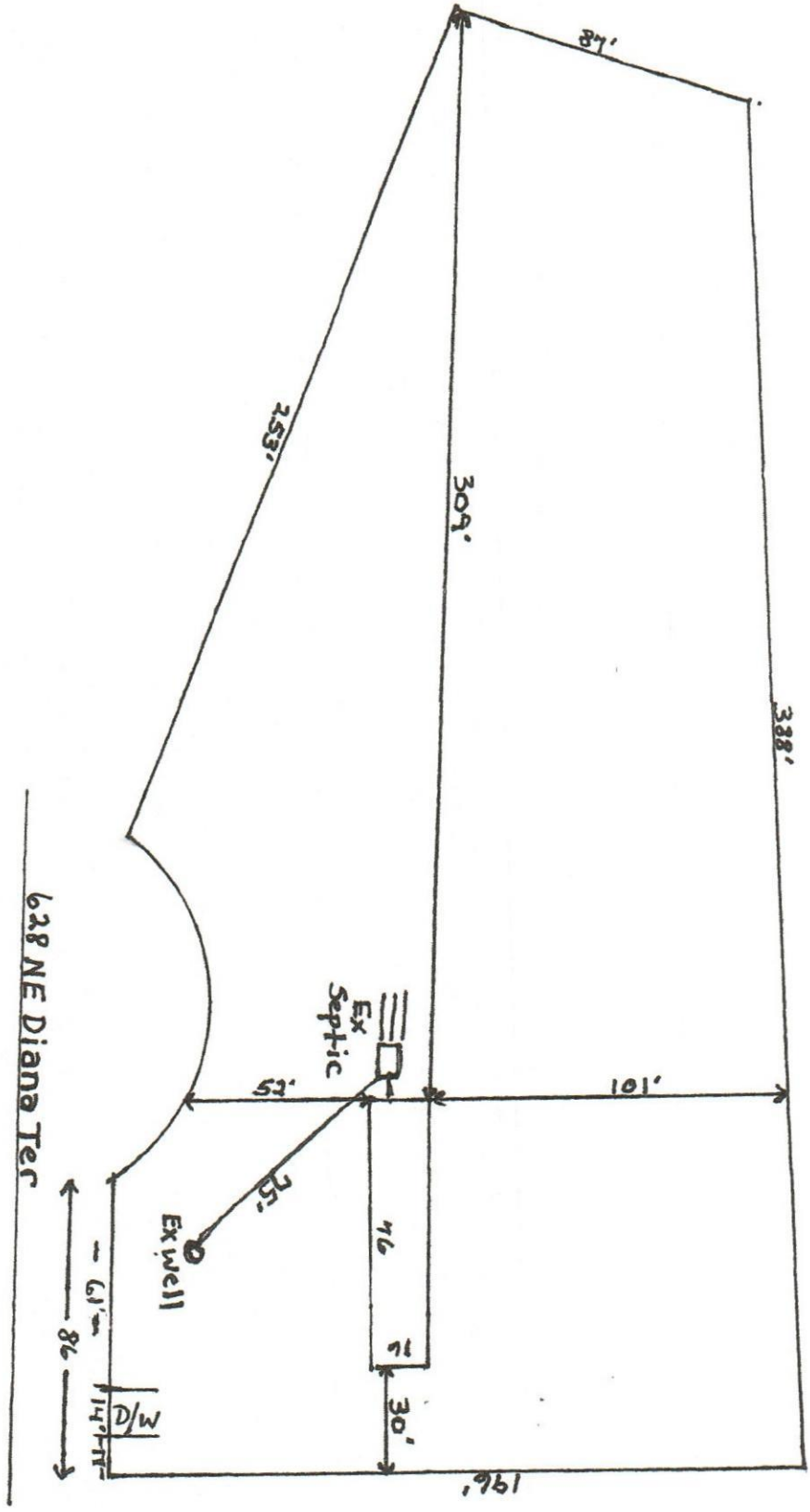
Notes: _____

Site Plan submitted by: Sonja North
Plan Approved Not Approved _____ Date 2.15.22
By Sally Ford Env Health Director County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20094

Snead



1" = 50'