



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

PERMIT NO. 21-0724
DATE PAID: 5/6/21
FEE PAID: 60.00
RECEIPT #: 1661581

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [X] Shed

APPLICANT: Benjamin D. Scott

AGENT: _____ TELEPHONE: 386 6236480

MAILING ADDRESS: 430 NW Country Lake Dr 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: 1 BLOCK: _____ SUBDIVISION: Country Lake: mixedborough PLATTED: _____

PROPERTY ID #: 22-35-16-02267-50 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.47 (ACRES) WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 100 FT

PROPERTY ADDRESS: 430 NW Country Lake Dr Lake City, FL 32055

DIRECTIONS TO PROPERTY: North on Lake Seffery west into woodborough right on Country Lake Drive

BUILDING INFORMATION

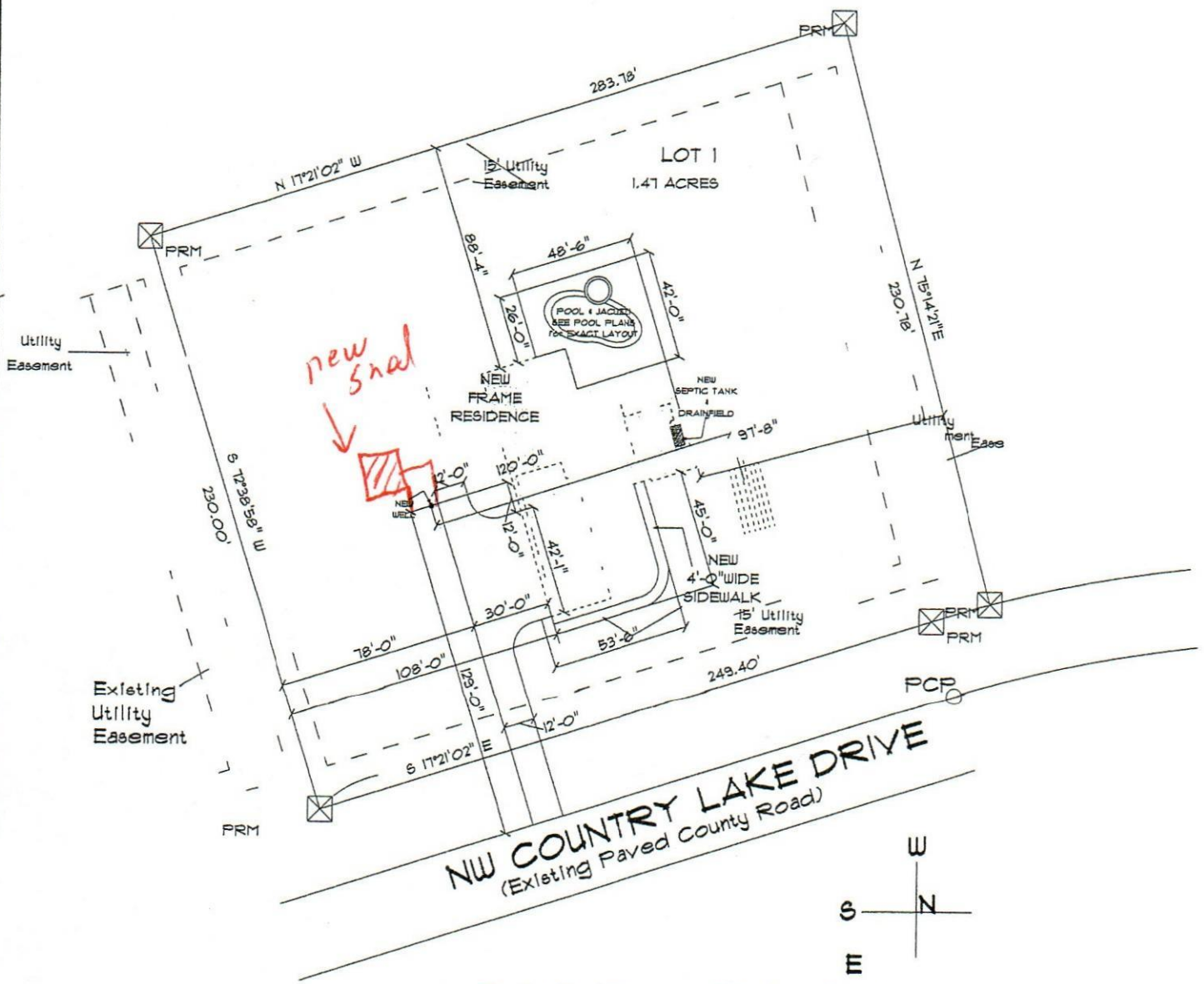
[X] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Shed</u>	<u>0</u>	<u>624</u>	<u>19.2278 attached</u>
2				
3				
4				

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

SIGNATURE: Ben Scott DATE: 5-4-21

21-042/A



SITE PLAN *

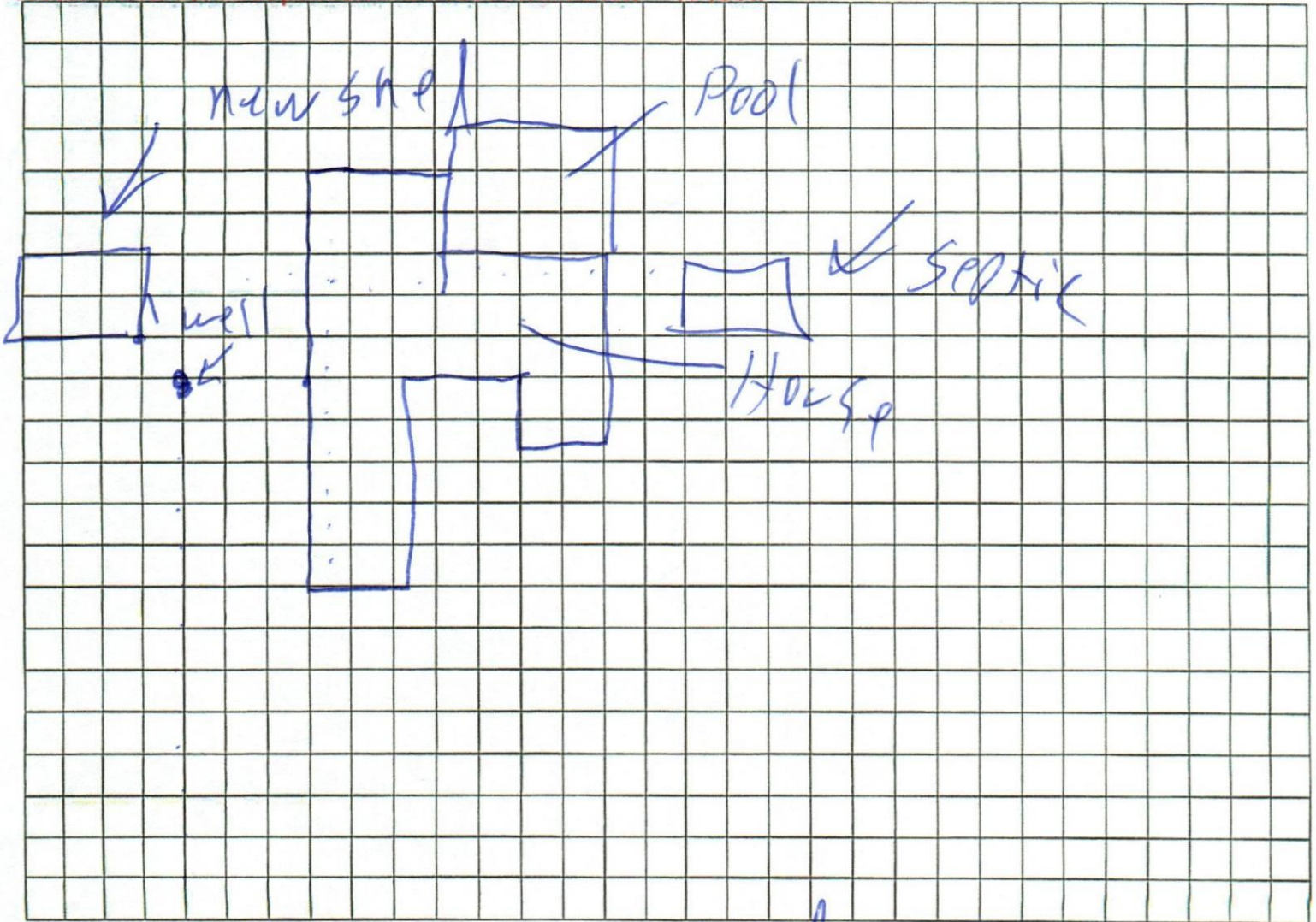
SCALE 1" = 30'

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Permit Application Number 21-04210

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

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



Notes: utility easement Attached
Driveway & Pool on Attached

Site Plan submitted by: Ben Scott TITLE _____ DATE: 5-4-21
Plan Approved _____ Not Approved _____ Date 5/6/21
By Kelly By Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT