



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

PERMIT NO. 20-0743  
DATE PAID: 9/14/20  
FEE PAID: 200.00  
RECEIPT #: 1528187

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT:

Roy V. Ashley

AGENT:

TELEPHONE: 388-487-5073

MAILING ADDRESS:

259 NW Lake Valley Terrace, Lake City

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: 259 BLOCK: \_\_\_\_\_ SUBDIVISION: Woodboroughs SD PH 6 PLATTED: \_\_\_\_\_

PROPERTY ID #: 22-35-16-02262-128 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y ] ☒ [ N ]

PROPERTY SIZE: 0.8 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [ ] ☐ ≤2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 259 NW Lake Valley Terr, Lake City

DIRECTIONS TO PROPERTY: From Lake Jeffrey Road, west on Lake View Court then right on Lake Valley Terr

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit Type of No. of Building Commercial/Institutional System Design  
No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>METAL SHED</u>	<u>0</u>	<u>750</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Roy V. Ashley DATE: 9/14/20

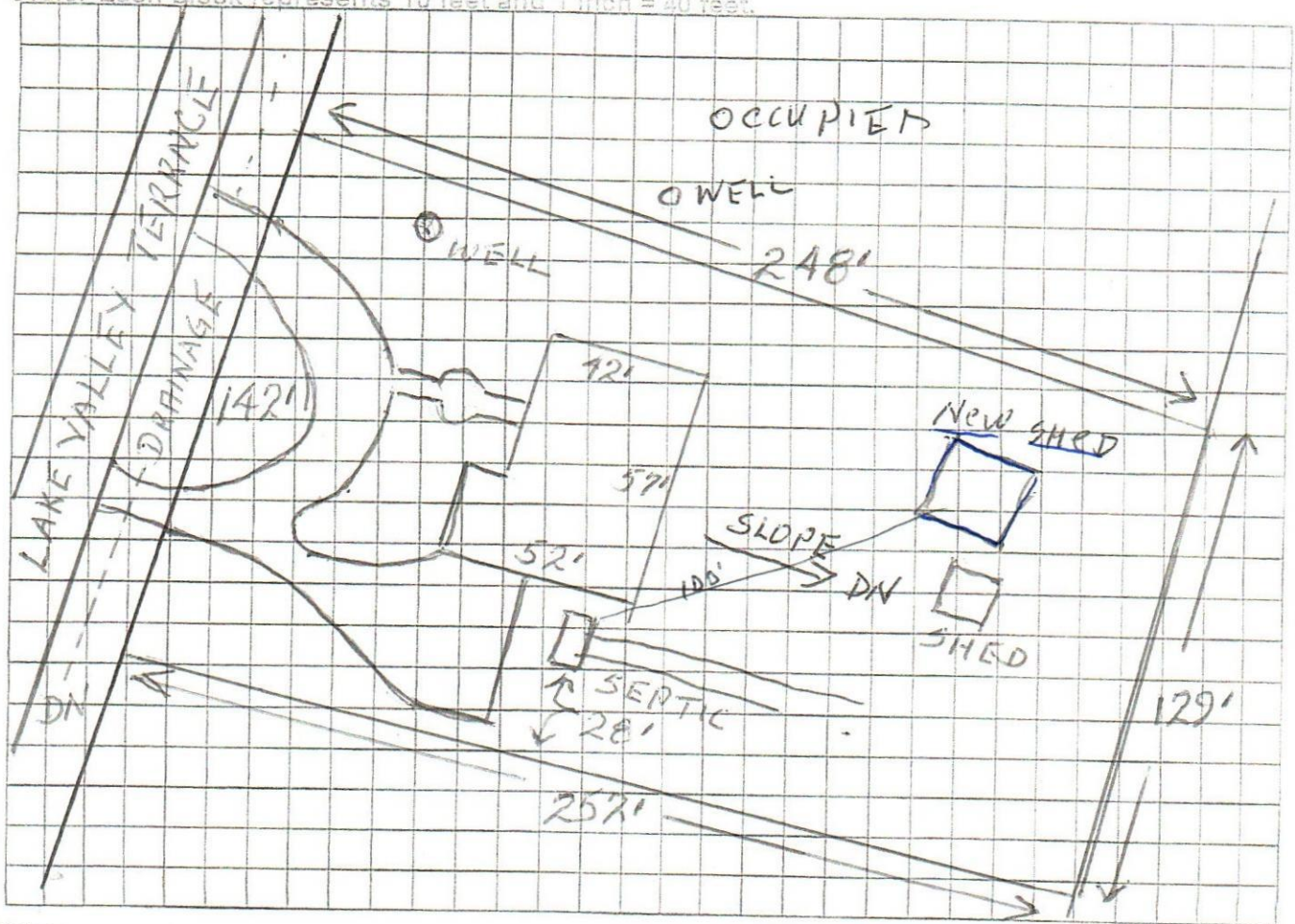


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----- PART II - SITEPLAN -----

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



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

Site Plan submitted by: Ray V. Dickey, Owner

TITLE \_\_\_\_\_

DATE: 9/14/20

Plan Approved X

Not Approved

Date 9/14/20

By [Signature]

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT