



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

PERMIT NO. 20-2841
DATE PAID: 10/20/20
FEE PAID: 40.00
RECEIPT #: 1529235

APPLICATION FOR:

☐ New System ☐ Existing System ☐ Holding Tank ☒ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☒ reconnect
power to existing
home

APPLICANT: Kevin Lyman ANK Investments
AGENT: _____ TELEPHONE: 954-471-5800

MAILING ADDRESS: 4334 SW 141 Ave Davie, FL 33330

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: 25 BLOCK: _____ SUBDIVISION: Golden Farnettes PLATTED: _____

PROPERTY ID #: 12-75-16-04190-025 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 2.4 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 721 SW Colgate Loop Fort White, FL 32038
DIRECTIONS TO PROPERTY: _____

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>residence</u> | <u>3</u> | <u>1224</u> | ORIGINAL ATTACHED |
| 2 | _____ | _____ | _____ | |
| 3 | _____ | _____ | _____ | |
| 4 | _____ | _____ | _____ | |

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____ DATE: 10/20/20

Page 20-0841



APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 93-111

-PART II - SITE PLAN

Rotate Left 90°

Scale: Each block represents 5 feet and 1 inch = 50 feet.

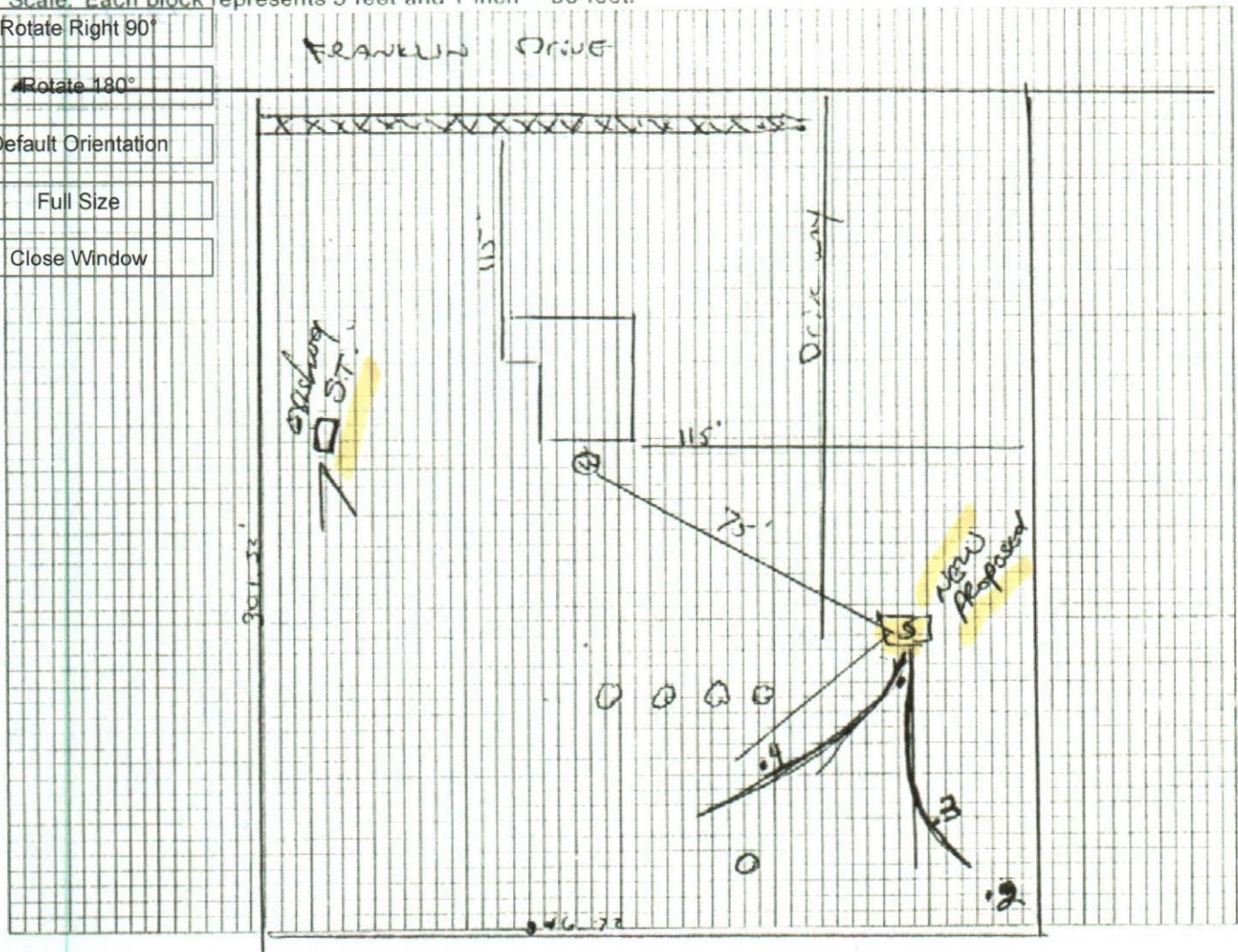
Rotate Right 90°

Rotate 180°

Default Orientation

Full Size

Close Window



Notes:

Site Plan submitted by:

X art Helay
SIGNATURE

3-3-93

Plan Approved

Not Approved

Date 3-9-93

By

7/7/2020

Chamberlain

County Public Unit

ALL CHANGES MUST BE APPROVED BY THE COUNTY PUBLIC HEALTH UNIT

chandra curbello@
yahoo.
com