



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

PERMIT NO. 22-0489
DATE PAID: 5/27/22
FEE PAID: 200.00
RECEIPT #: 1887967

APPLICATION FOR:

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

APPLICANT: JEVVI JONES

AGENT: WOODYS ENTERPRISES TELEPHONE: 407-892-1900

MAILING ADDRESS: 11106 QUOTATION CT ST. CLOUD, FL 34772
email: info@woodyenterprises.com

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: 46 BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 18-55-17-09280-146 ZONING: _____ I/M OR EQUIVALENT: [X / N]

PROPERTY SIZE: 4.5 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 3398 SW CUSTOM MADE CIR LAKE CITY 32024

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

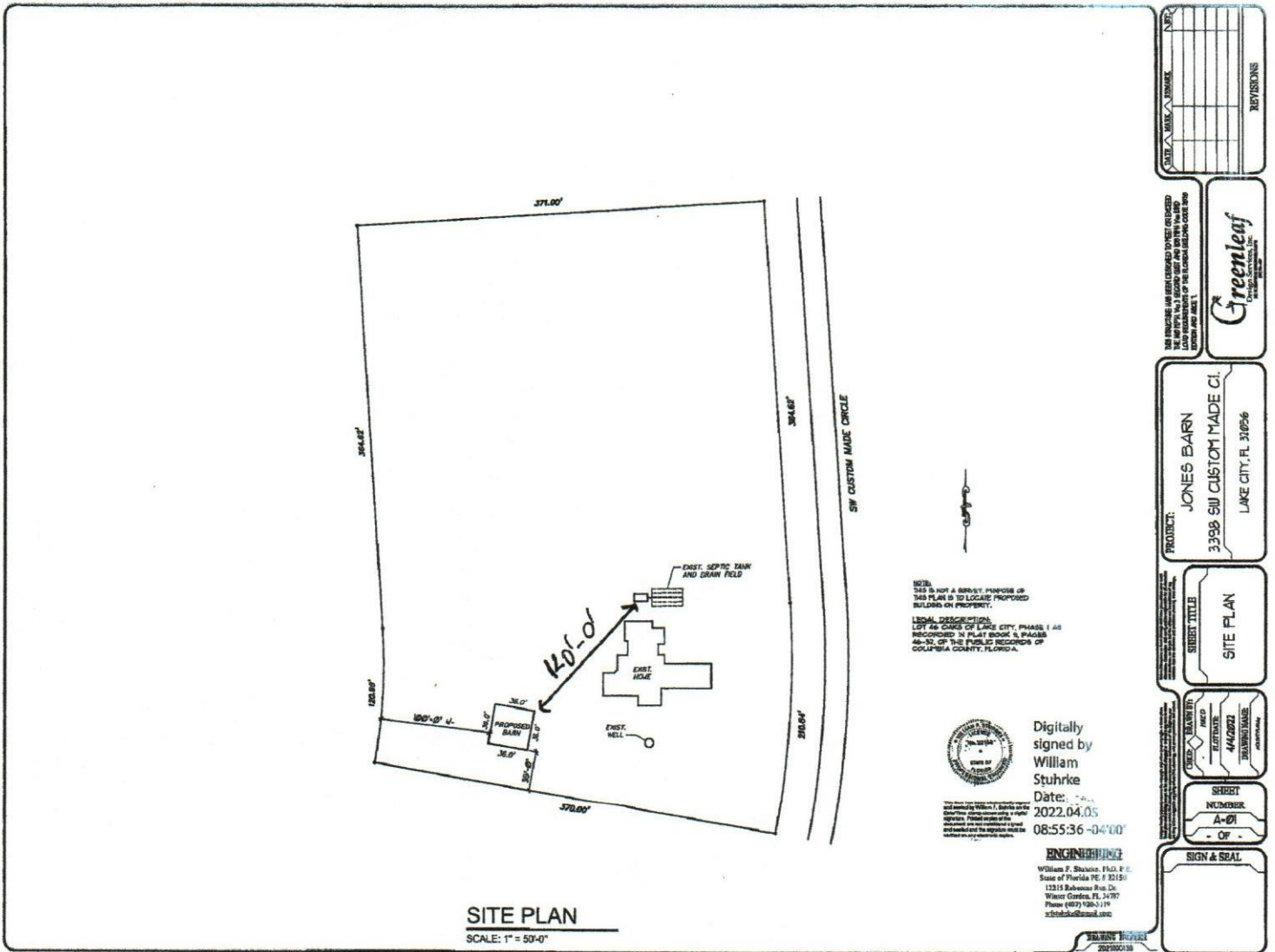
[X] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>POLE BARN</u>	<u>0</u>	<u>1,296</u>	<u>NO PUMPING, NO ELECTRIC</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

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

SIGNATURE: David Gonzalez DATE: 5/26/22

22-0489



Columbia CHD
APPROVED
5/31/22