



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

PERMIT NO. 92-0087
DATE PAID: 1/13/22
FEE PAID: 40.00
RECEIPT #: 1786047

APPLICATION FOR:

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

APPLICANT: Charles & Lyndsie Peeler

AGENT: Chad Cunningham - Peeler Pools of North FL TELEPHONE: 386-755-2848

MAILING ADDRESS: 8390 SW Old Wire Rd Ft. White, FL 32038

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 08-55-16-03490-041 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 10.05 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y / ☒ N DISTANCE TO SEWER: 30/150 FT

PROPERTY ADDRESS: 942 SW Seville Place Lake City, FL 32024

DIRECTIONS TO PROPERTY: R on 90, D on Main, right on 47, R on 240, L on Mauldin, L on Dairy, D on Magham, R on Seville, House on D

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
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1				
2				
3				
4	<u>Swimming pool</u>			<u>Built 1970</u>

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 1-13-22

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

22-0037

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

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

See
Attached

Notes: _____

Site Plan submitted by: Kate Cunniff Agent: _____ Owner: _____ Date: 1-13-22

Plan Approved ☒ Not Approved _____ Date 1/21/22

By [Signature] ESL COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

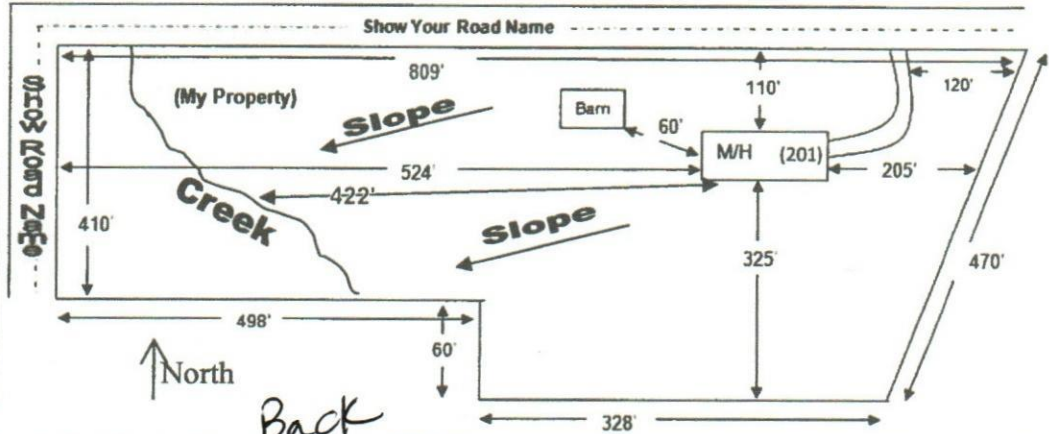
SITE PLAN CHECKLIST

22-0037

- 1) Property Dimensions
- 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- 3) Distance from structures to all property lines
- 4) Location and size of easements
- 5) Driveway path and distance at the entrance to the nearest property line
- 6) Location and distance from any waters; sink holes; wetlands; and etc.
- 7) Show slopes and or drainage paths
- 8) Arrow showing North direction

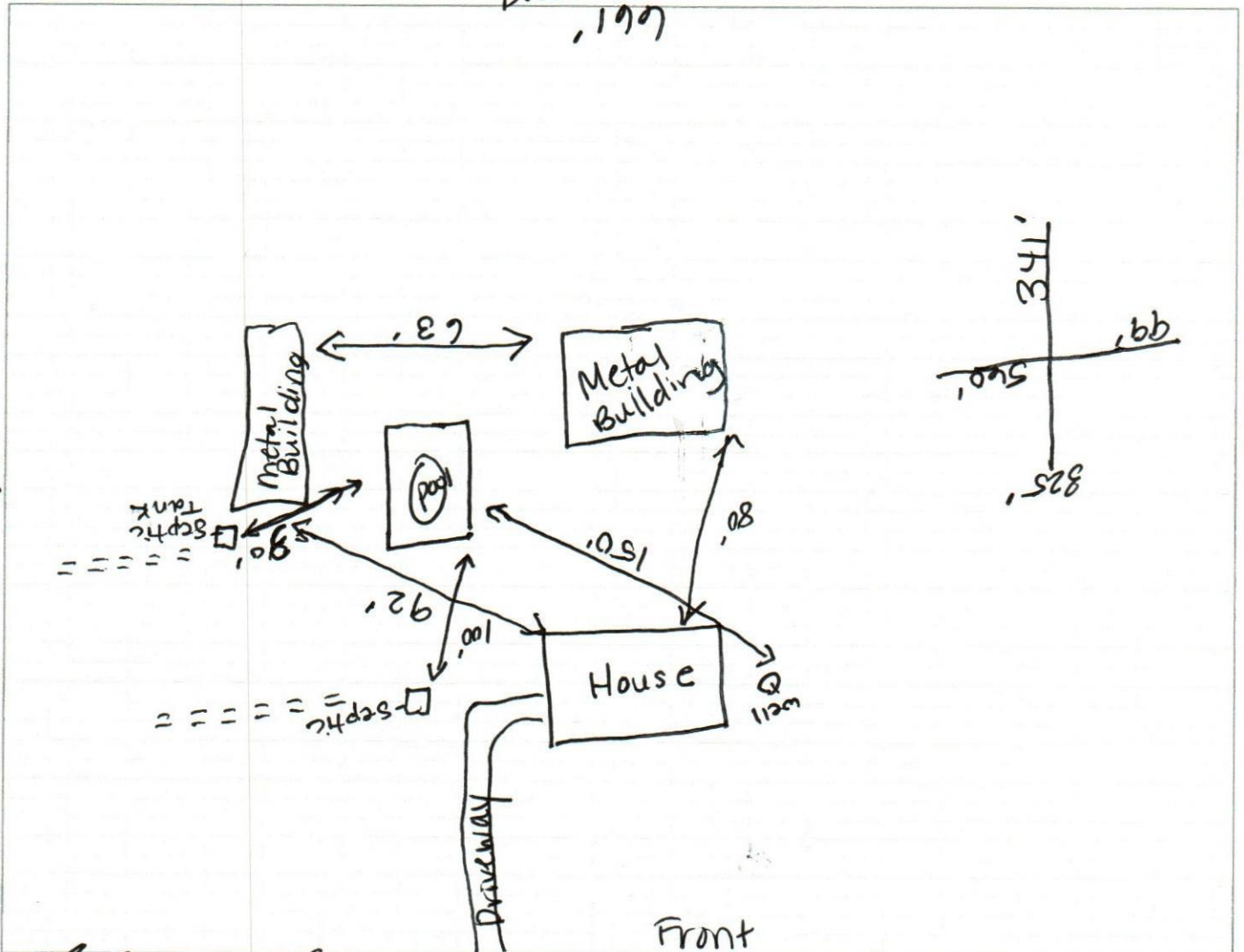
SITE PLAN EXAMPLE

Revised 7/1/15



NOTE:

This site plan can be copied and used with the 911 Addressing Dept. application forms.



[Handwritten signature]