



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

PERMIT NO. 21-0967
DATE PAID: 11/27/21
FEE PAID: 600.00
RECEIPT #: 1766399

APPLICATION FOR:

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

APPLICANT: KAROL GONZALEZ

AGENT: _____ TELEPHONE: 701-691-0762

MAILING ADDRESS: 15061 SA 51 Live Oak FL 32060

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: 4 BLOCK: _____ SUBDIVISION: MHP Gonzalez Estates PLATTED: _____

PROPERTY ID #: 21-35-16-02715-028 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 2.5 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: 566 NW Yates Loop Lot #4 Lake City

DIRECTIONS TO PROPERTY: Go west to Turner Rd. Turn right. Go to Ash take a left to the end. Turn right on Yates Loop, 1/4 mile on left

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>mobile home</u> | <u>2</u> | <u>896</u> | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: KAROL GONZALEZ DATE: _____

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

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

see
attached

Notes: _____

Site Plan submitted by: [Signature] Agent: _____ Owner: ✓ Date: 11/24/21

Plan Approved X Not Approved _____ Date 11/30/21

By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

21-0947

