



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

PERMIT NO. 21-0846
DATE PAID: 10/15/21
FEE PAID: 310.00
RECEIPT #: 1757631

APPLICATION FOR:

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

APPLICANT: Aaron Byrne

AGENT: Suwannee Septic Services

TELEPHONE: (239) 910-7555

MAILING ADDRESS: 2215 County Road 249, 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: _____ BLOCK: _____ SUBDIVISION: Sunny Acres Unit 3 PLATTED: _____

PROPERTY ID #: 10-5S-16-03525-205 ZONING: _____ I/M OR EQUIVALENT: [Y/N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ≤ 20000 GPD ☐ > 20000 GPD

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

PROPERTY ADDRESS: SW Sunny Acres Glen, Lake City

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	MH	2	890	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Dale Watson

DATE: 10/15/21

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

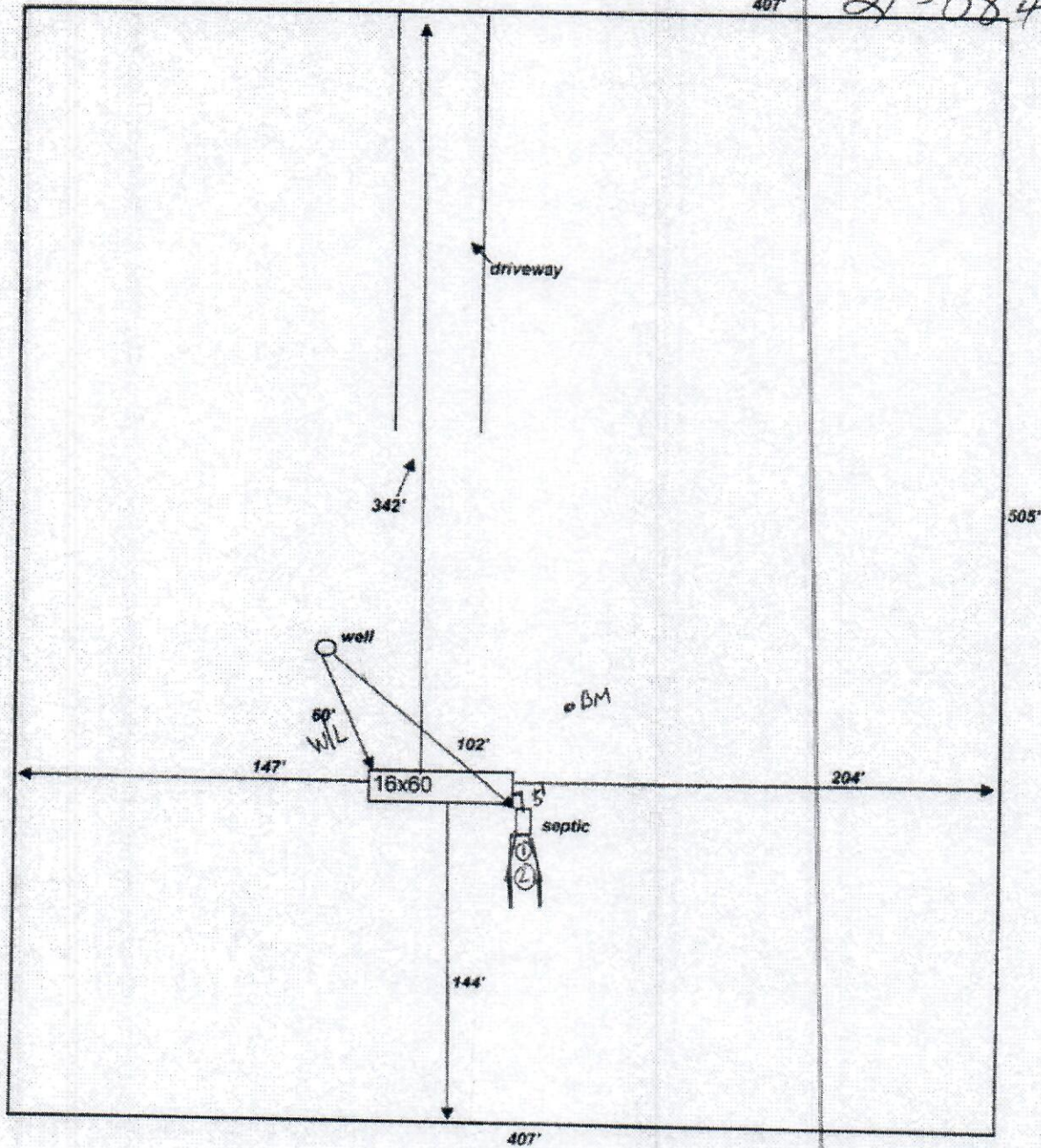
Live Oak spoiled @ AOL.com

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43

sw sunny acres gln

407'

21-0846



Kille Roy 10/8/2021

NORTH

BUYER Aaron Byrne PARCEL ID# DATE DRAWN 26-Aug
ACREAGE 5 DEALER: FREEDOM HOMES 386-752-5355

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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: Kelli Rogers 10/8/2021
Plan Approved X Not Approved _____ Date 10/18/21
By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT