

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

PERMIT NO. OLPOS

DATE PAID: 9/9/21

FEE PAID: 310.00

RECEIPT #: 494400

APPLICATION FOR:  [X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative [ ] Repair [ ] Abandonment [ ] Temporary [ ]
APPLICANT: Jonathan and Ashley Morris
AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311
MAILING ADDRESS: 546 SW Dortch Street, 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: 3 BLOCK: P1 SUB: Heritage Hills PLATTED:
PROPERTY ID #: 18-4S-17-08466-013 ZONING: I/M OR EQUIVALENT: [ Y / N ]
PROPERTY SIZE: 1.01 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD
is sewer available as per 381.0065, fs? [ Y / M ] DISTANCE TO SEWER: NA FT
PROPERTY ADDRESS: 312 SW Legacy Gln, Lake City, Fl
DIRECTIONS TO PROPERTY: TR onto US-41N, TR onto NW Falling
Creek Rd, TR onto NW River Ln, TL onto NW
legacy ct.
BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
SF Residential $3$ $2296$
3
[ ] Floor/Equipment Drains [ ] Other (Specify)
SIGNATURE: DATE: 7/6/2021

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

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

ALL ELOAMON TON ONO.		Permit Applicat	ion Number_	21-0403
mornis	PART II - SI			-V-1
Scale: 1 inch = 40 feet.	198.75	TEPLAN SWU	egacy	GIN.
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14			(ò	DR VE
	(48)	3 BP 35	Clarence	
	w.			113
				140' Jela
28.00				817.75
Notes:	198.			
Site Plan submitted by: William	D. Bishap I	F	MASTE	ER CONTRACTOR
Plan Approved	Not Approve	ed	7/14/201 D	ate 7-10-21
By Kul Leg		Colowh		nty Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT