



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

22-0071
PERMIT NO. _____
DATE PAID: 1-26-22
FEE PAID: 60.00
RECEIPT #: _____

AP 1789016

APPLICATION FOR:

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

APPLICANT: Robert Patterson

AGENT: _____ TELEPHONE: 386-365-4588

MAILING ADDRESS: 380 SE Press Ruth Drive Lake city, FL 32025

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 #: 14-45-17-08354-005 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐]<=2000GPD ☐]>2000GPD

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

PROPERTY ADDRESS: 380 SE Press Ruth Drive Lake city, FL 32025

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	<u>Covered deck</u>	<u>0</u>	<u>280</u>	
2	<u>Car port roof</u>			
3	<u>extension</u>		<u>520 total</u>	
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Robert T. Batts DATE: 1-24-22

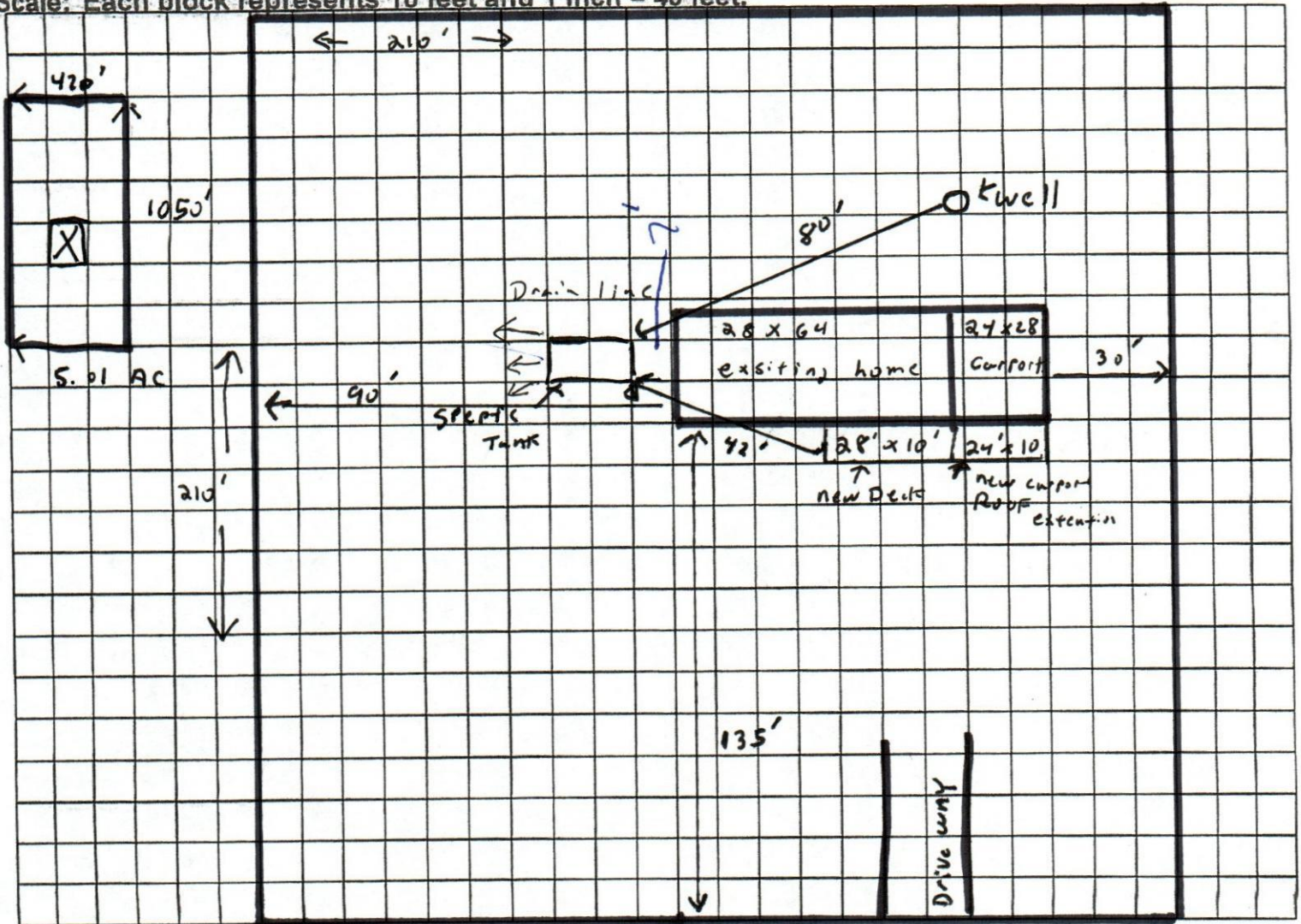
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PART II - SITEPLAN

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



Notes:

1 AC OF 5.01

Site Plan submitted by: Robert Patterson

TITLE

DATE: 1-24-22

Plan Approved

Not Approved

Date 1-27-22

By

Allie Ford Env Health Director

County Health Department

Columbia

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT