67

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

PERMIT NO. 14-271
DATE PAID:
FEE PAID:
RECEIPT #:

APPLICATION FOR:
[ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] Swimming pool

APPLICANT: Arthur Bradley

AGENT: Brenda Chile TELEPHONE: 352-375-3855

MAILING ADDRESS: 4404 N.W. 13th St, Gainesville, FL 32609

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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.

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PROPERTY INFORMATION

LOT: 16 BLOCK: SUBDIVISION: Magnolia Place PLATTED:

PROPERTY ID #: 07-5S-17-09415-116 ZONING: RES I/M OR EQUIVALENT: [Y (N)]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: n/a FT

PROPERTY ADDRESS: 354 S.W Cypresswood Glen 32025

DIRECTIONS TO PROPERTY: I-75 to EXIT 414 to US441, North on US441 towards Lake City for approx 2 miles, Left on CR 349 for 0.2 miles Turn Left on Cherrywood to Cypresswood Glen

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Residential	4	2250	
2	workshop	n/a	616	
3	Swimming pool	n/a		
4				

[ ] Floor/Equipment Drains [ ] Other (Specify)

SIGNATURE: DATE: 5/9/14

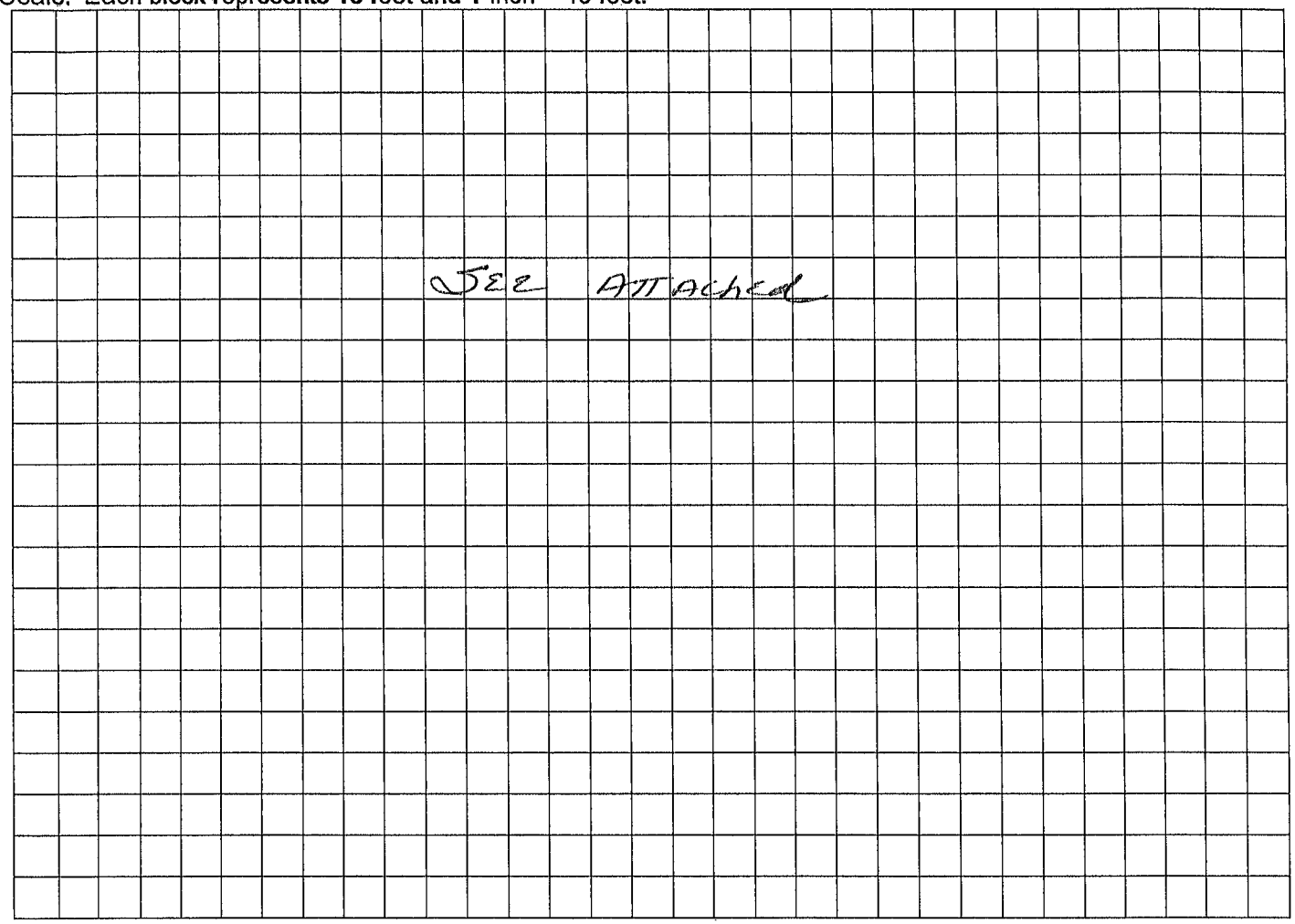
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 14-271

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

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



Notes: _____

Site Plan submitted by: _____ _____

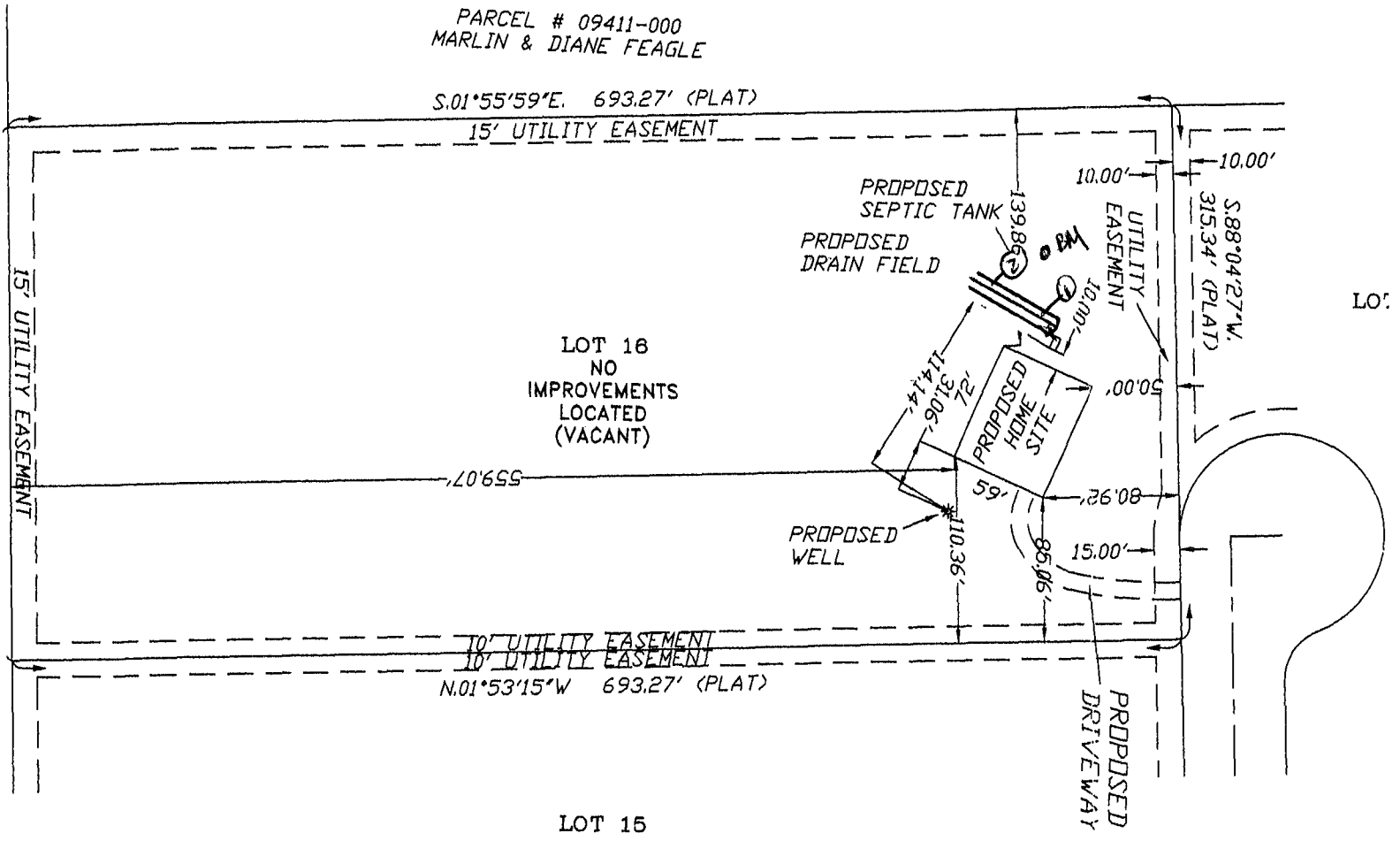
Plan ~~Approved~~ _____ Not Approved _____ Date 5/9/14

By _____ Columbia County Health Department

5/9/14

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

OR'S NOTES:
- SKETCH IS BASED ON THE RETRACEMENT OF THE ORIGINAL SURVEY FOR SAID PLAT OF ORD.
RINGS ARE BASED ON SAID PLAT OF RECORD AND THE BEARING BASIS AS SHOWN HEREON.
IS APPARENT THAT THIS PARCEL IS IN ZONE "X" AND IS DETERMINED TO BE OUTSIDE - 500 YEAR FLOOD PLAIN AS PER FLOOD RATE MAP, DATED 4 FEBRUARY, 2009 FIRM NEL NUMBER 12023C0415C. HOWEVER, THE FLOOD INSURANCE RATE MAPS ARE SUBJECT CHANGE.
THEY EXIST, NO UNDERGROUND ENCROACHMENTS AND/OR UTILITIES WERE LOCATED FOR S SKETCH EXCEPT AS SHOWN HEREON.
- SKETCH WAS COMPLETED WITHOUT THE BENEFIT OF A TITLE COMMITMENT OR A TITLE ICY.
NSIONS SHOWN HEREON ARE IN FEET AND DECIMAL PARTS THEREOF.
- SKETCH DOES NOT REFLECT OR DETERMINE OWNERSHIP.
ADJACENT OWNERSHIP INFORMATION AS SHOWN HEREON IS BASED ON THE COUNTY PERTY APPRAISERS GIS SYSTEM, UNLESS OTHERWISE DENOTED.



CERTIFIED TO:

ARTHUR & KAREN BRADLEY

BOOK: SEE PAGE(S): FILE

SURVEYOR'S CERTIFICATION:

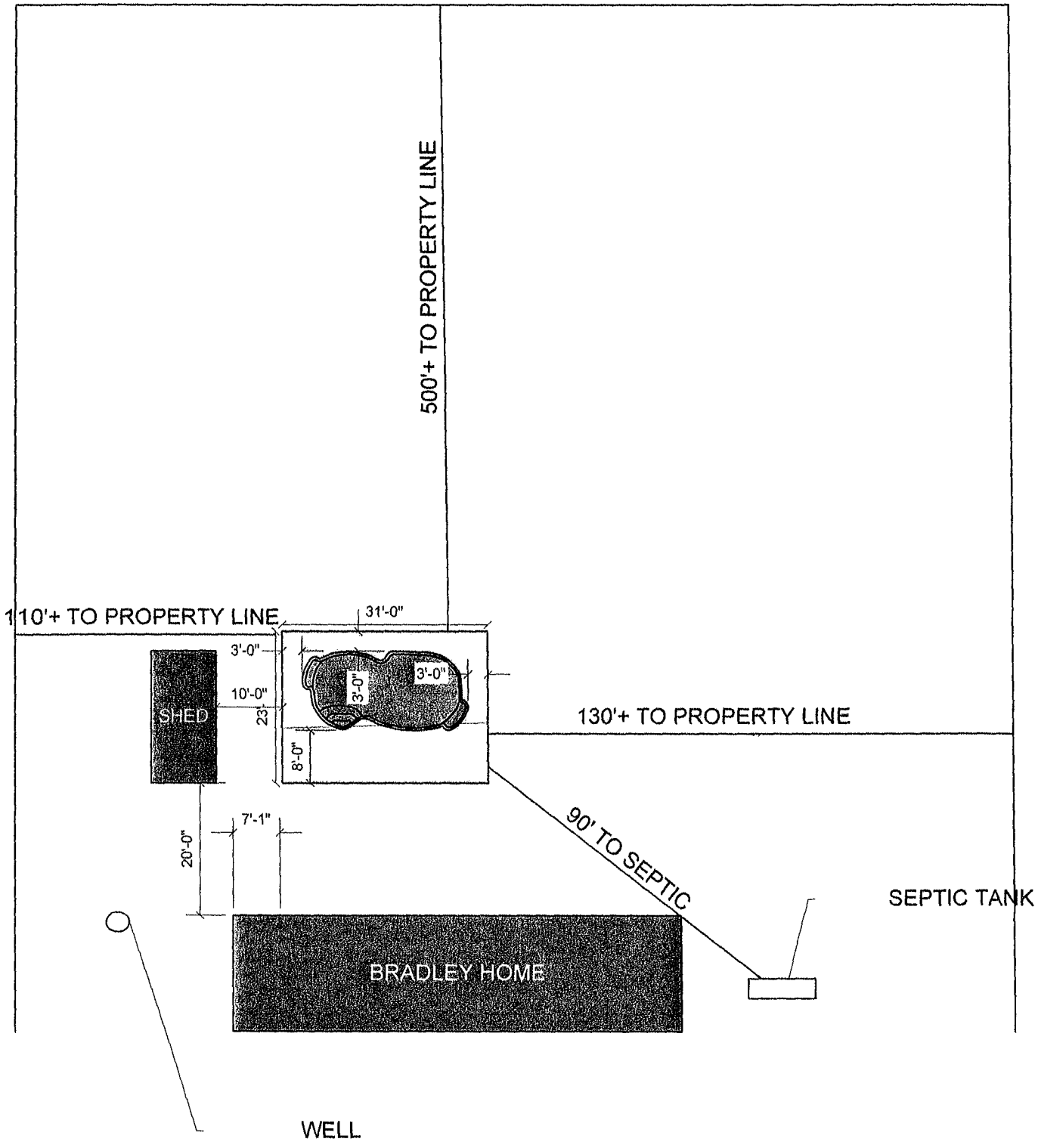
I HEREBY CERTIFY THAT THIS SURVEY WAS MADE UNDER MY RESPONSIBLE CHARGE AND MEETS THE MIN TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL SURVEYORS AND MAPI IN CHAPTER 5J-17, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA STATUTES

FIELD SURVEY DATE

09/25/13
DRAWING DATE

L. SCOTT BRITT, P.S.M.
CERTIFICATION # 5757

NOTE: UNLESS IT BEARS THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEY MAPPER THIS DRAWING, SKETCH, PLAT OR MAP IS FOR INFORMATIONAL PURPOSES ONLY AND IS NOT VALID.


500'+ TO PROPERTY LINE
110'+ TO PROPERTY LINE
31'-0"
3'-0"
10'-0"
23'
SHED
3'-0"
3'-0"
8'-0"
130'+ TO PROPERTY LINE
90' TO SEPTIC
SEPTIC TANK
7'-1"
20'-0"
BRADLEY HOME
WELL