



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

PERMIT NO 21-0405
DATE PAID: 4/27/21
FEE PAID: 600.00
RECEIPT #: 1659138

APPLICATION FOR:

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

APPLICANT: Ante E Mitchell

AGENT: NA TELEPHONE (386) 466-9509

MAILING ADDRESS: 175 SW Stonehenge Lane Lake City FL 32024

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: 16 BLOCK: _____ SUBDIVISION: Stonehenge PLATTED: _____

PROPERTY ID #: 2345 16 03099-116 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 1/2 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 175 SW Stonehenge Lane Lake City FL 32024

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
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1	<u>Storage Shed</u>	<u>2</u>	<u>450</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

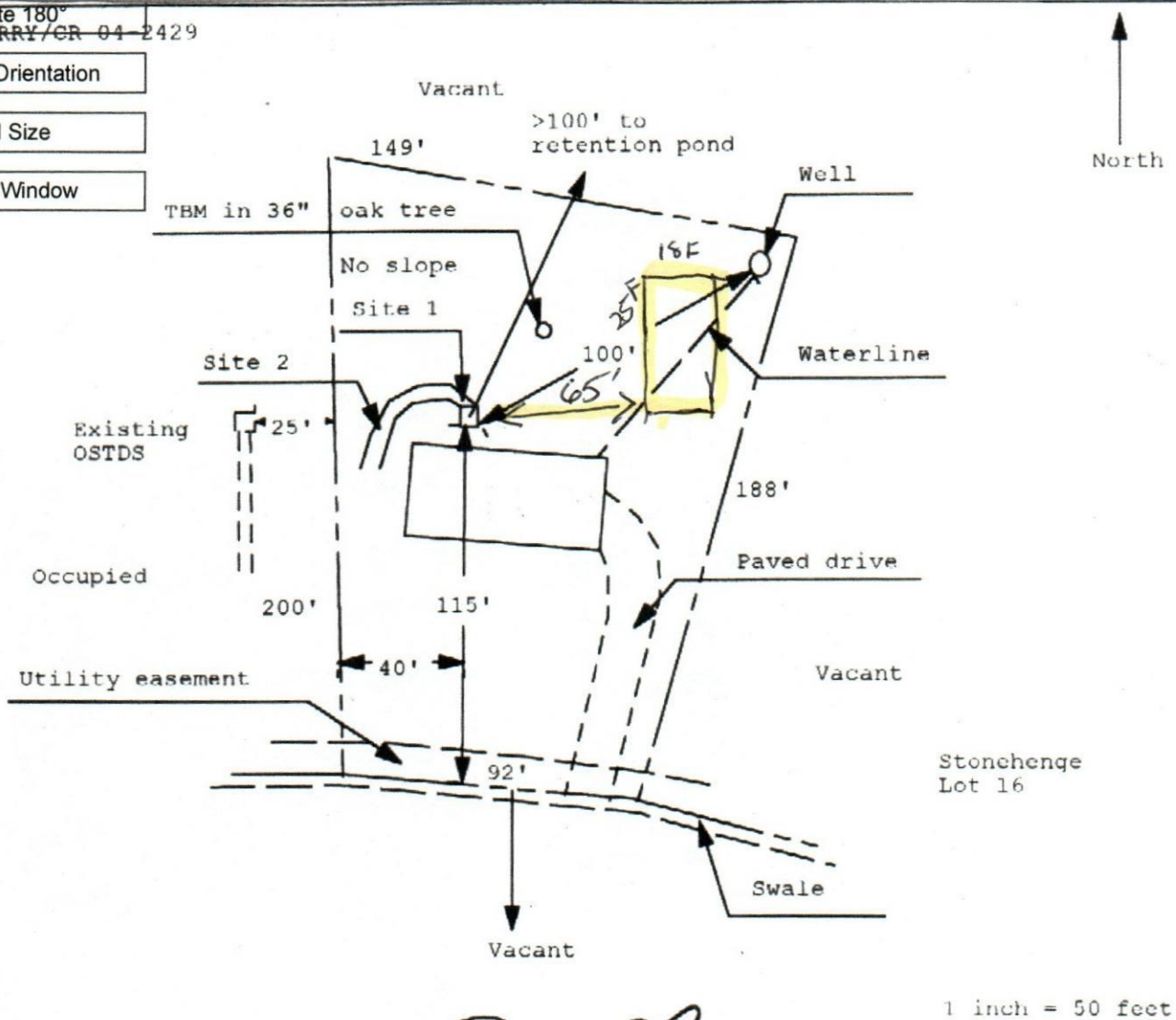
☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Ante E Mitchell DATE: 4/27/21

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



Site Plan submitted by: Arnt E. Mitchell

Plan Approved _____ Not Approved _____

By: Kelli Ray Columbia County Health Department

Date: 5/3/2021

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT