



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

PERMIT NO. 20-26025
DATE PAID: 8/6/20
FEE PAID: 60.00
RECEIPT #: 1550027

APPLICATION FOR:

[] New System [☒] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [] Like to Like

APPLICANT: Bruce & Tomi Brown

AGENT: H & L Customer Service, LLC

TELEPHONE: 386 984-9334

MAILING ADDRESS: 301 SW Faw Court 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: 849 BLOCK: _____ SUBDIVISION: Shady Acres PLATTED: _____

PROPERTY ID #: 27-45-16-03216-008 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.43 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 490 SW Precision Loop Lake City FL

DIRECTIONS TO PROPERTY: (L) onto NE Madison, (L) onto NW Main Blvd, Keep (R) onto SR 475, (R) onto SW King St, (R) onto SW Precision Loop, destination on your (R)

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>Old Home</u>	<u>4bed/2bath 2273</u>		<u>ORIGINAL ATTACHED</u>
2	<u>New Home MH</u>	<u>4bed/2bath 2460</u>		
3				
4				

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

SIGNATURE: Huamir

DATE: 8/3/20

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0625

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

Scale: 1/4" = 1' (1/8" = 1/2')

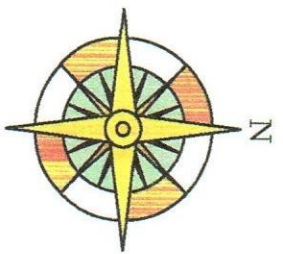
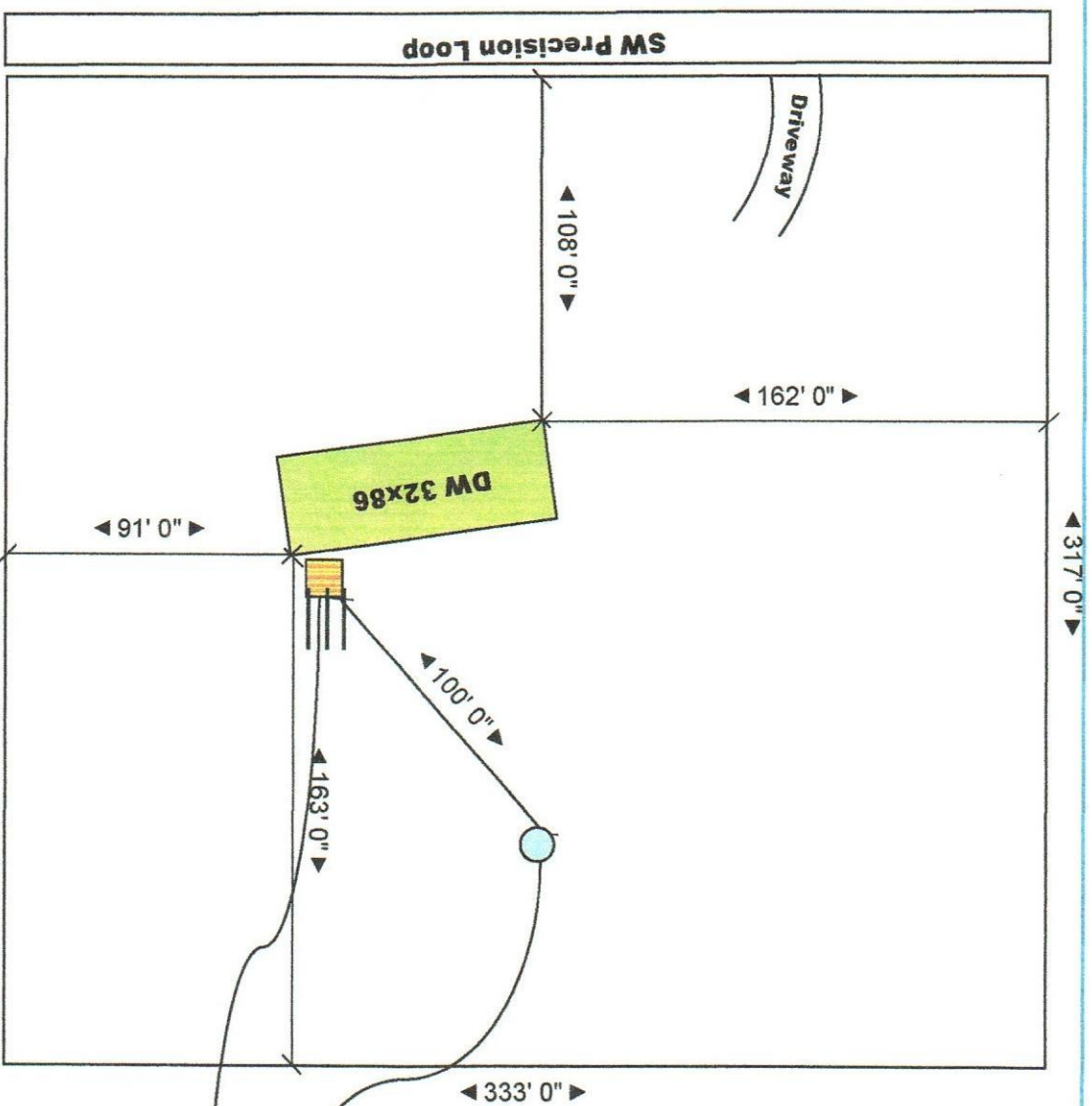
Please see
attached.

Notes: _____

Site Plan submitted by: Huomsiu Agent: [Signature] Owner: _____ Date: 8/5/20
Plan Approved [Signature] Not Approved _____ Date: 8/7/20
By: [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20-Dec-25



Parcel ID: 27-4S-16-03216-008

Site:	490 SW Precision Loop, Lake City	Drawing:	80490	Project:	000490	Drawn:	Heide M	Notes:	H&L Customer Service, LLC 301 SW Faul Ct Lake City, FL, 32024 386-984-9334
Title:	Joshua and Loren Steele	Scale:	1"=60'	Date:	08/03/20	Rev:	A		