



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

PERMIT NO. 1683539  
DATE PAID: 6/25/21  
FEE PAID: 465.00  
RECEIPT #: 1683539

APPLICATION FOR:

[ ☒ ] New System [ ☒ ] Existing System [ ☐ ] Holding Tank [ ☐ ] Innovative  
[ ☐ ] Repair Error [ ☐ ] Abandonment [ ☐ ] Temporary [ ☐ ]

APPLICANT: Errol Baker

AGENT: Damarius Williams

TELEPHONE: 386 406 3837

MAILING ADDRESS: 427 NW Credo way

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: 1 BLOCK: B SUBDIVISION: Country Inn Est PLATTED: \_\_\_\_\_

PROPERTY ID #: Q1770-1441 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y ] ☒ [ N ]

✓ PROPERTY SIZE: 2.5 ACRES WATER SUPPLY: [ ☒ ] PRIVATE PUBLIC [ ☐ ] ≤2000GPD [ ☐ ] >2000GPD

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

PROPERTY ADDRESS: 306 boughn road

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

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Mobile Home</u>	<u>2</u>	<u>960</u>	
2				
3				
4				

[ ☐ ] Floor/Equipment Drains [ ☐ ] Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature] DATE: 6/24/21

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

Errol 386 406 3837

49623

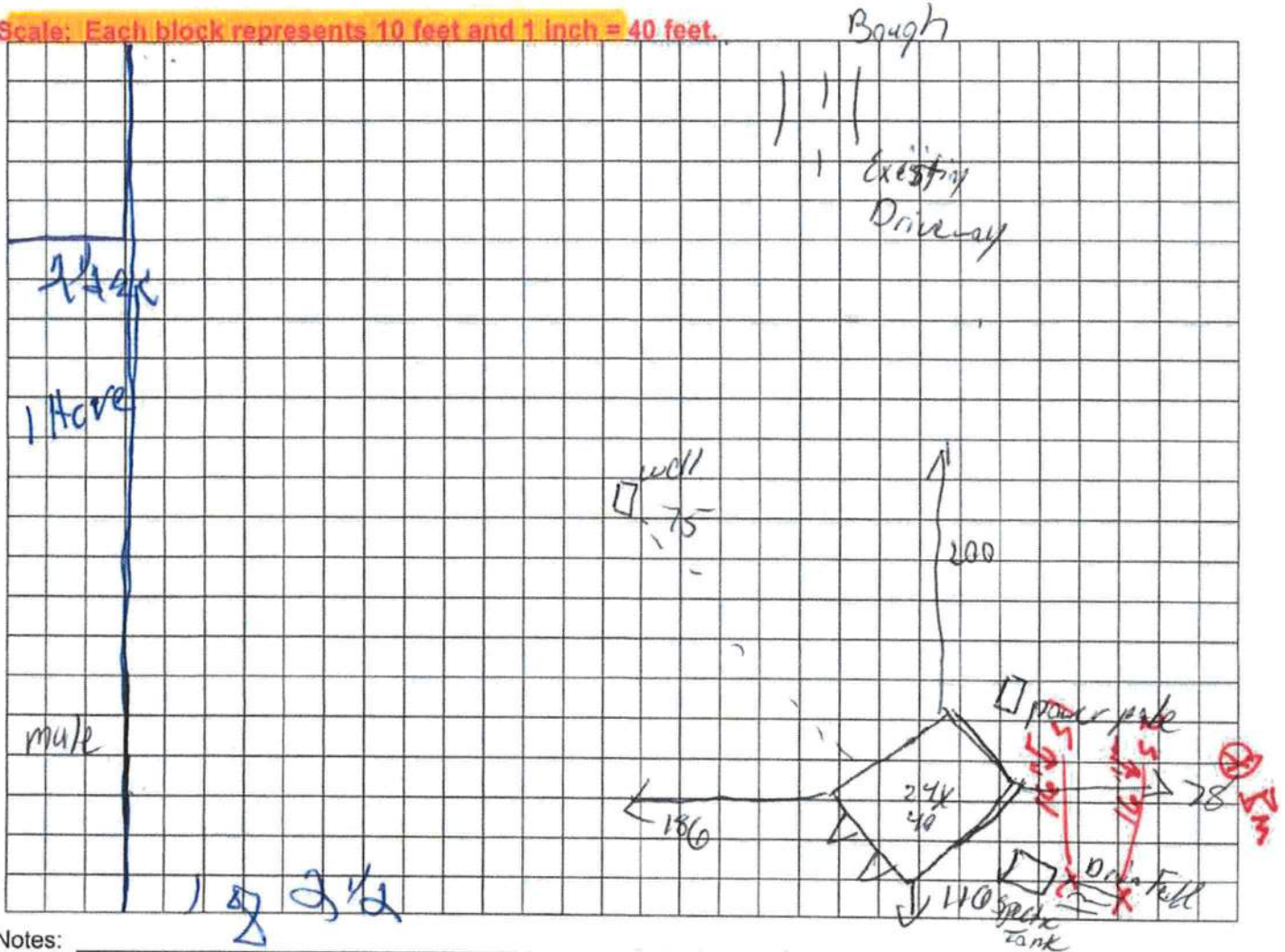
STATE OF FLORIDA  
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Permit Application Number

21-0574

PART II - SITEPLAN

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



Notes:

Site Plan submitted by: Dominique Williams

Agent:

Owner:

Date: 6/24/21

Plan Approved X

Not Approved \_\_\_\_\_

Date: 7/2/21

By: [Signature] ES11- COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT