



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

PERMIT NO. 21-0969  
DATE PAID: 11/29/21  
FEE PAID: 60.00  
RECEIPT #: 1766482

APPLICATION FOR:

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

APPLICANT:

Cristal Smith

AGENT:

Cristal Smith

TELEPHONE:

386-365-8308

MAILING ADDRESS:

692 SW Seville PL 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: 36 BLOCK: \_\_\_\_\_ SUBDIVISION: The Hunt Place PLATTED: \_\_\_\_\_

PROPERTY ID #: 08-55-16-03490-036 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 5.02 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 692 SW Seville PL Lake City FL

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>metal building</u>	<u>0</u>	<u>1560</u>	<u>ORIGINAL ATTACHED</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

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

SIGNATURE:

Cristal Smith

DATE:

11-29-21

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STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-8949

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

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

See attached

Notes: \_\_\_\_\_

Site Plan submitted by: Crystal Smith TITLE \_\_\_\_\_ DATE: 11/29/21  
Plan Approved ☒ Not Approved \_\_\_\_\_ Date 12/1/21  
By: [Signature] Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

THE HISTORY OF THE

REIGN OF KING CHARLES THE FIRST

BY JOHN BURNET

1679

LONDON

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STATE OF FLORIDA  
DEPARTMENT OF HEALTH

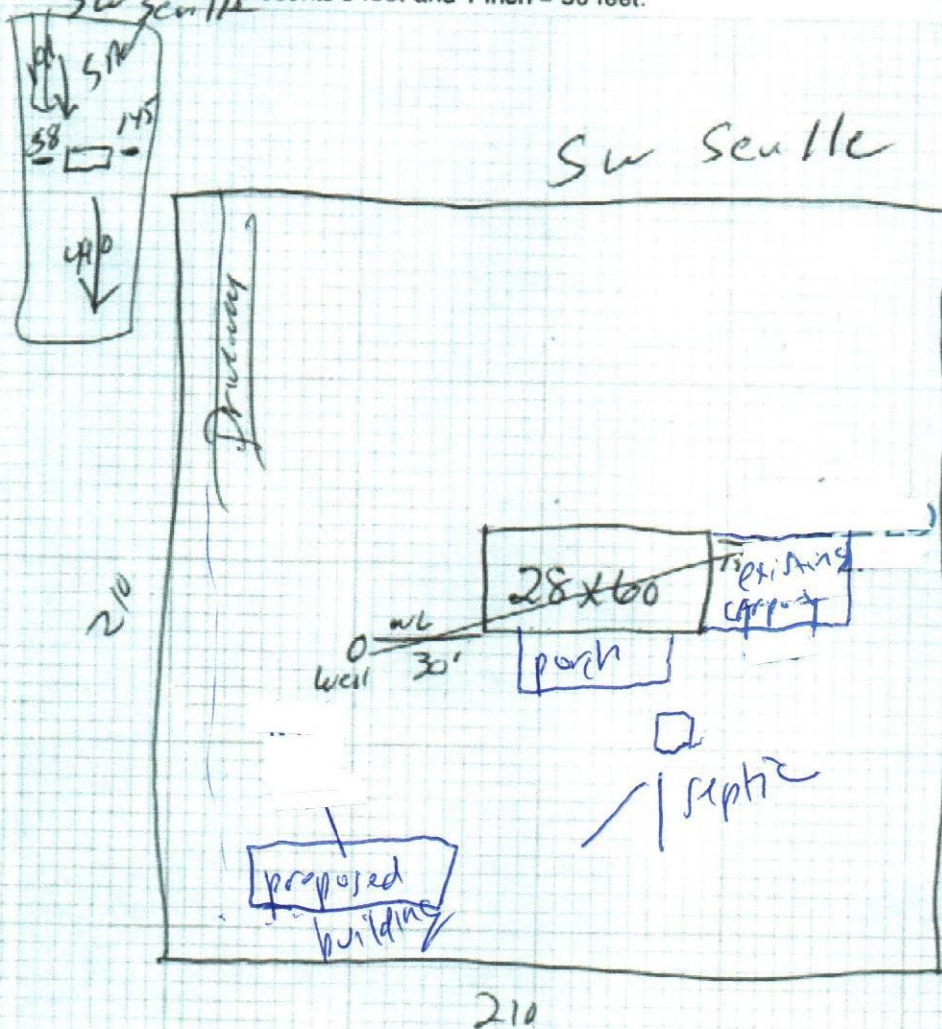
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

21-0169

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



E-MAILED  
Btz

1 ACRE  
OF  
5 ACRES  
well = 75'  
neighbor

Notes: well to septic 105

Site Plan submitted by:

Cristal Smith

Signature

Title

Plan Approved

Not Approved

Date

By

County Health Department

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E-MAILED

