



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

APPLICATION FOR CONSTRUCTION PERMIT

CR # 10-7059

PERMIT NO. 19-0078
DATE PAID: 1/24/19
FEE PAID: 315.00
RECEIPT #: 1394496

APPLICATION FOR:

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

APPLICANT: SONIA SMITH & DEBORA BALLER

AGENT: PAUL LLOYD

TELEPHONE: (352) 812-6726

MAILING ADDRESS: 203 SW TRUFFLES GLEN

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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 24-4S-15-00384-004 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 8.080 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 7017 SW CR 242 LAKE CITY

DIRECTIONS TO PROPERTY: TAKE HWY. 247, TURN RIGHT ONTO C.R. 242, APPROXIMATELY 2 1/2 - 3 MILES DOWN ON RIGHT.

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>MOBILE HOME</u>	<u>2</u>	<u>952</u>	
2				
3				
4				

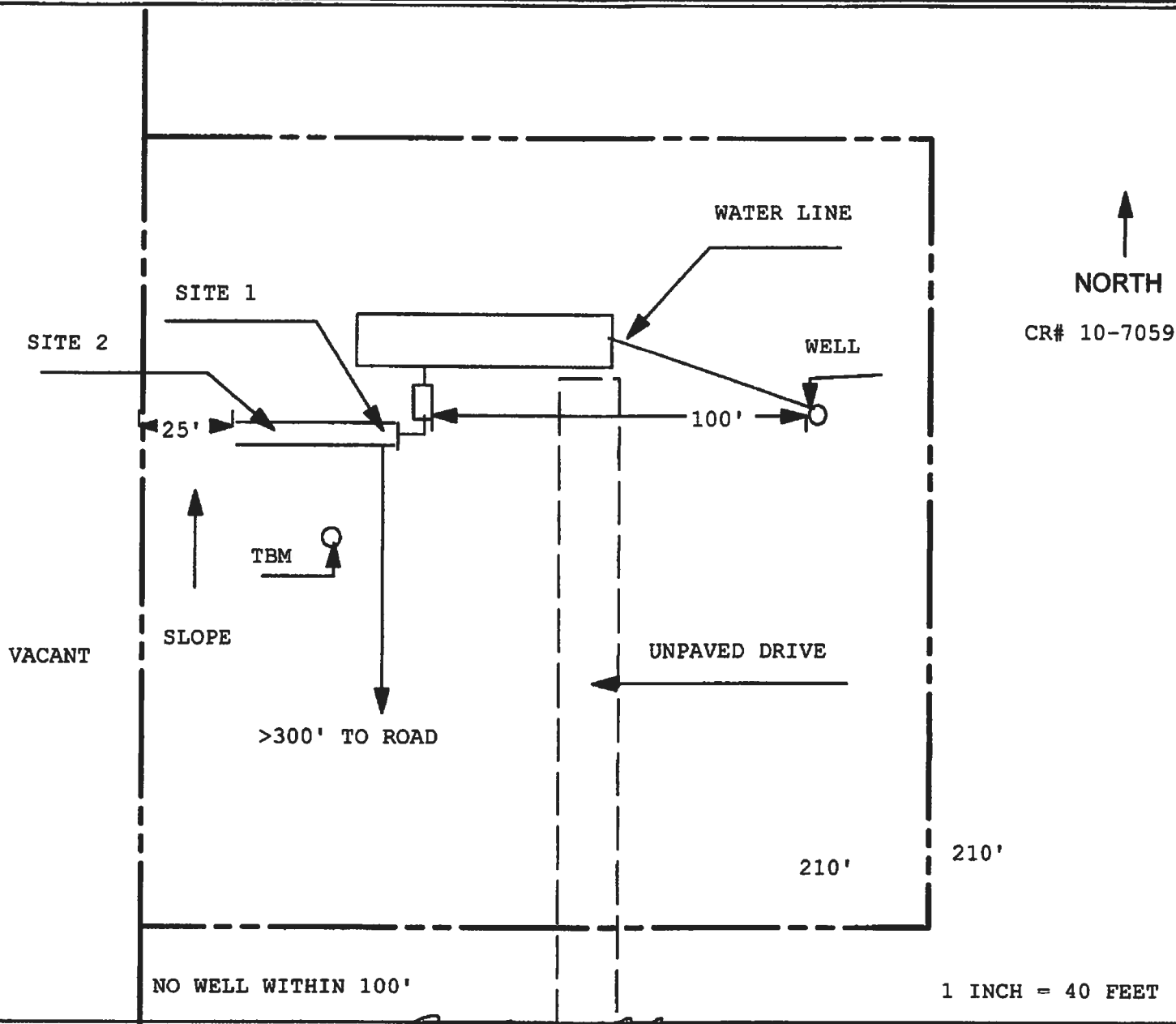
☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Paul Lloyd

DATE: 1/22/19

**Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan**
Permit Application Number: _____

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul Kley Date 1/22/19
Plan Approved ✓ Not Approved _____ Date _____
By North Dakota ESI Columbia CPHU

Notes: _____

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Sonia Smith,

as the owner of the below described property:

Property tax Parcel ID number 24-45-15-00384-004

Subdivision (Name, lot, Block, Phase) Buie's Tract Unrec

Give my permission for Deborah Baller to place a

Circle one - Mobile Home / Travel Trailer / Utility Pole Only / Single Family Home /
Barn - Shed - Garage / Culvert / Other _____

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Sonia Smith
Owner Signature

10-17-19
Date

Owner Signature

Date

Owner Signature

Date

Sworn to and subscribed before me this 17th day of October, 2019. This

(These) person(s) are personally known to me or produced ID FLDL 8530-793-33-918-0
(Type)

Hanna Griffis
Notary Public Signature

Hanna Griffis
Notary Printed Name

Notary Stamp/



HANNA GRIFFIS
MY COMMISSION # GG 072433
EXPIRES: February 13, 2021
Bonded Thru Budget Notary Services