



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

APPLICATION FOR CONSTRUCTION PERMIT

CR # 10-7679

PERMIT NO. 20-0569
DATE PAID: 7-24-20
FEE PAID: 60.00
RECEIPT #:

APPLICATION FOR:

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

APPLICANT: DONALD DENOFF

AGENT: BLAKE CONSTRUCTION

TELEPHONE: (386) 752-0675

MAILING ADDRESS: 618 SW FLORIDA GATEWAY DR.

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:

08-45-16-02816-033
PROPERTY ID #: 22-4S17-08700-004 ZONING: AG I/M OR EQUIVALENT: ☐ NO ☐

7.84
PROPERTY SIZE: 9.500 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: 284 MCNAIR CT. LAKE CITY 2903 Pinemont Road, Lake City

DIRECTIONS TO PROPERTY: 441 SOUTH TURN LEFT ON RACE TRACK RD. LAST DRIVE ON LEFT BEFORE COUNTRY CLUB RD.



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>HOUSE</u>	<u>4</u>	<u>3,106</u>	<u>2556 EXISTING</u>
2				<u>550 ADDITION (great room)</u>
3		<u>4</u>		<u>3106 TOTAL</u>
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

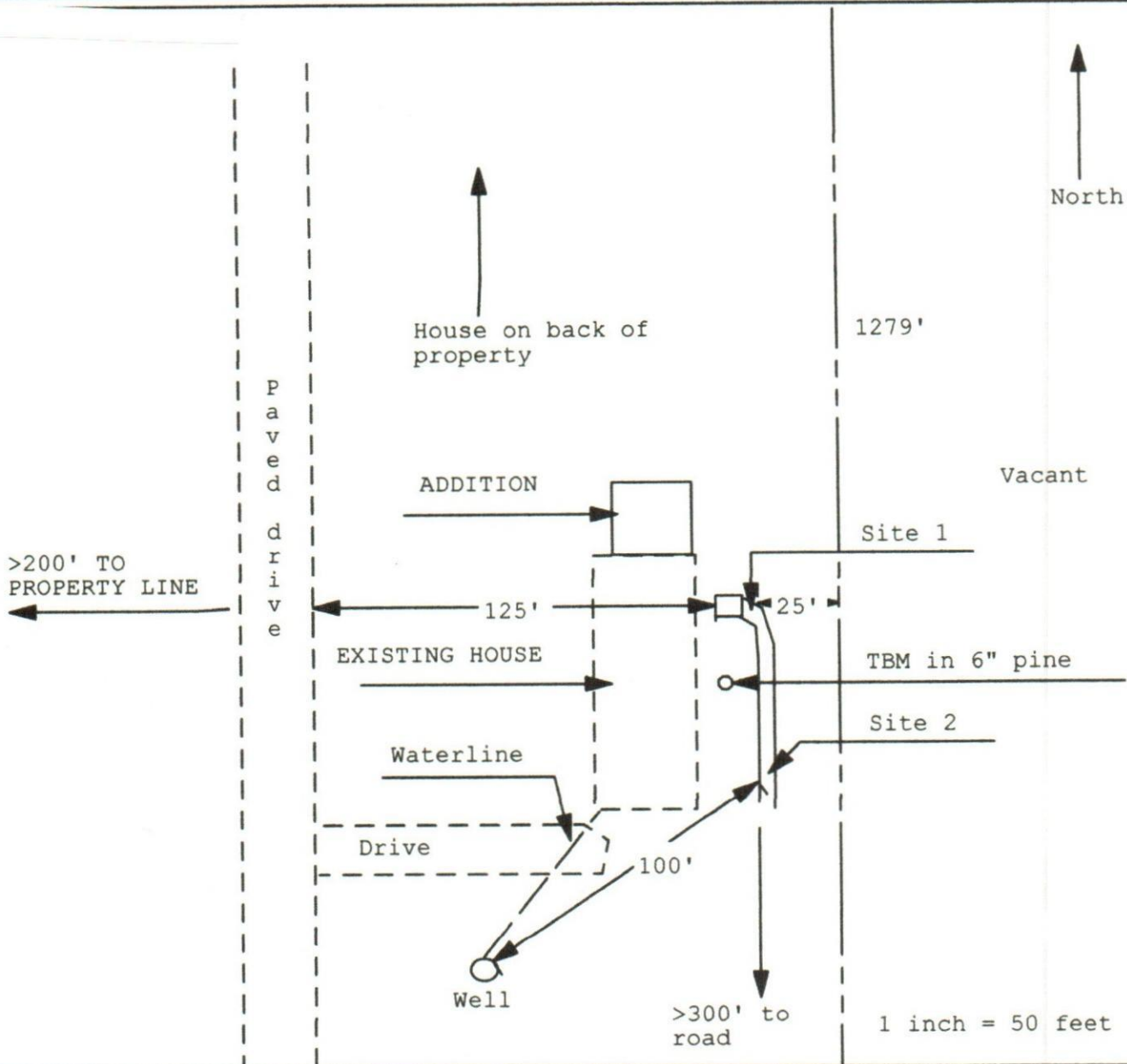
SIGNATURE: Blake N Lunde

Verified by PDFfiller
07/20/2020

DATE: 07/20/2020

**Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan**
Permit Application Number: 20-0569

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Blake N Lunde II Date 07/20/2020
Plan Approved ☒ Not Approved ☐ Date _____
By Sallie Jord Env Health Director CPHU
Notes: Columbia