

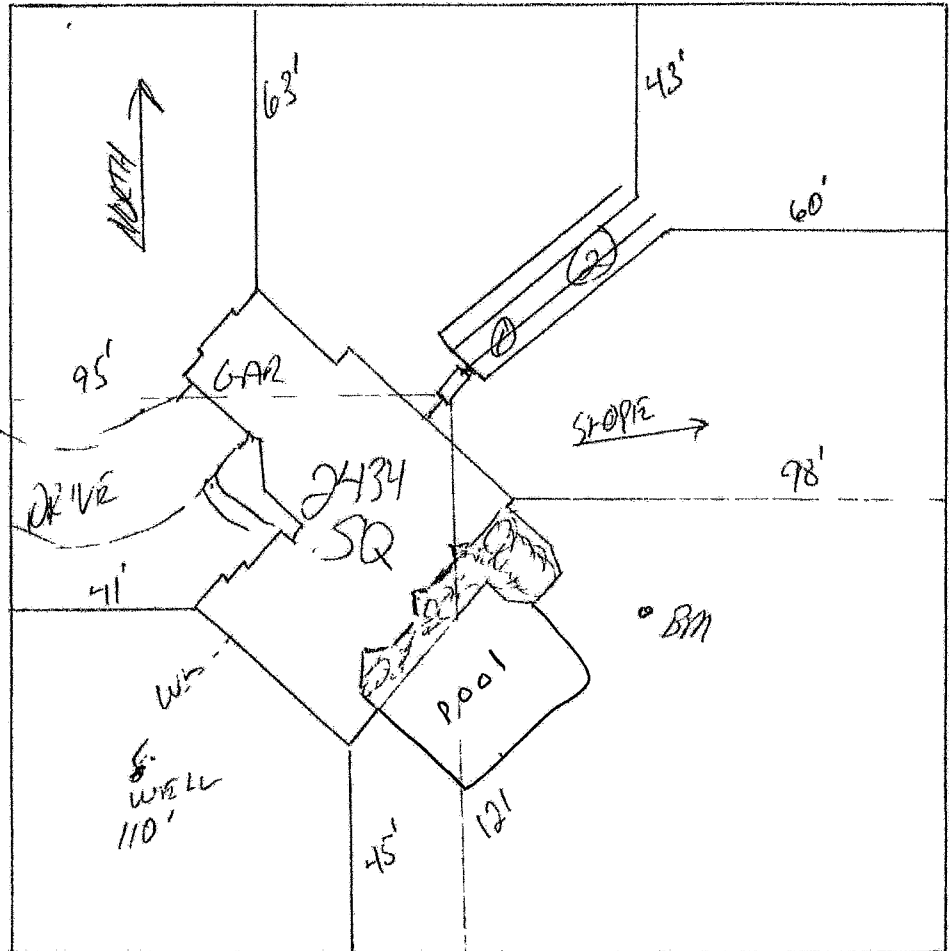
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 12-0455

CREW 2 ----- PART II - SITEPLAN ----- 210'

Scale: 1 inch = 40 feet.

1 of 19 sheets  
PLEASE SEE  
ATTACHED



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

Site Plan submitted by: [Signature] MASTER CONTRACTOR  
Plan Approved X Not Approved \_\_\_\_\_ Date 10-23-12  
By Sallie Ford Env Health Director Columbia County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



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

PERMIT NO. 14-0045  
DATE PAID: 3/4/14  
FEE PAID: 60.00  
RECEIPT #: 1132228

## APPLICATION FOR:

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

APPLICANT: Fun State Pools Lacy / Sharon CrewsAGENT: Barry D. BlantonTELEPHONE: 352 332 7665MAILING ADDRESS: 3601 NW 97th Blvd. Gainesville FL 32602

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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 28-45-16-03223-002 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☒ Y / ☐ NPROPERTY SIZE: \_\_\_\_\_ ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: \_\_\_\_\_ FTPROPERTY ADDRESS: 3452 SW CR 242 Lake City FLDIRECTIONS TO PROPERTY: US 90 to 247 → CR 242

## 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	Single Family Home	3	2301	
2	Pool			
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_SIGNATURE: [Signature] DATE: 3/3/14

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

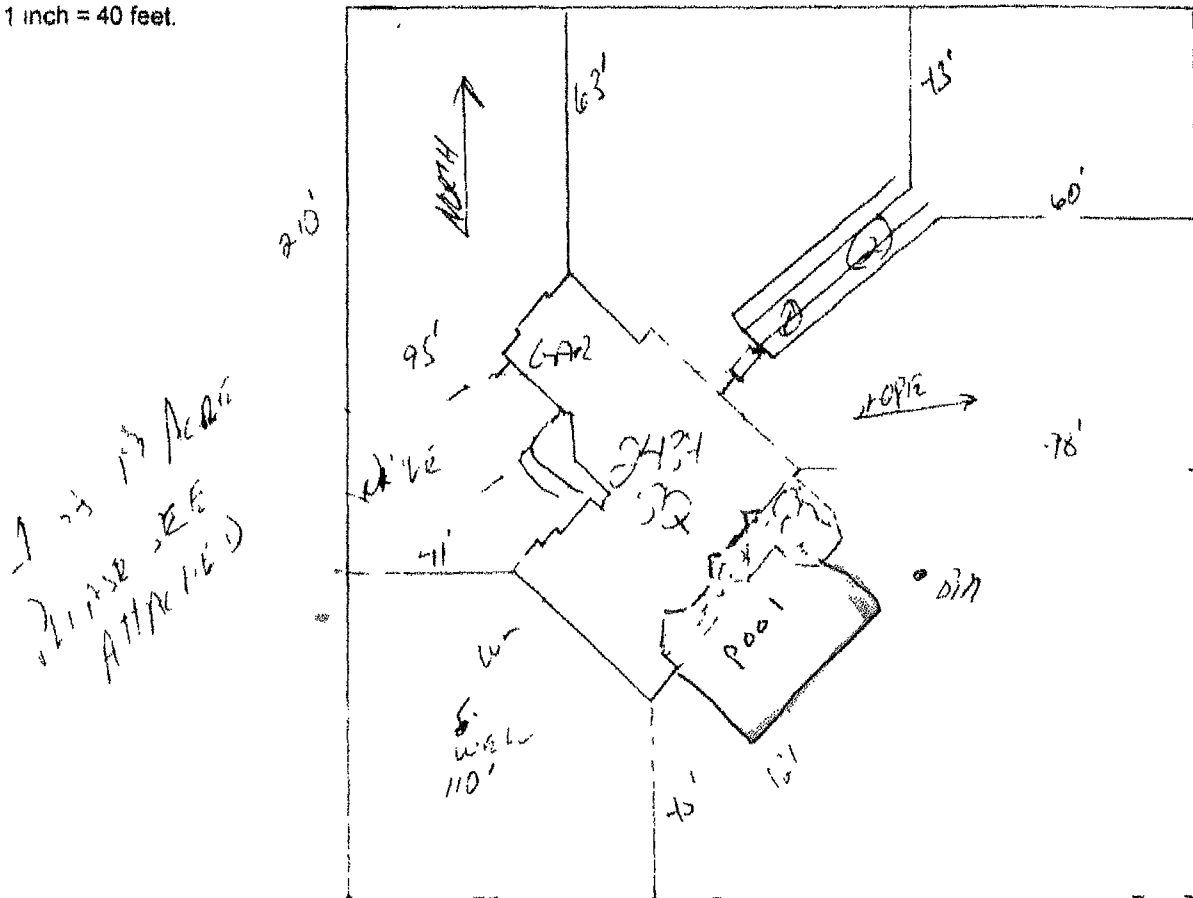
Permit Application Number.

14-534E

C. (F. W.) S.

## PART II - SITEPLAN

Scale 1 inch = 40 feet.



## Notes

Site Plan submitted by Fun State Pools - Barry Blanton

Plan A

REVIEWED

Not Approved

Da 3/12/14

By           

County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

5