

550 118 106 489



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

PERMIT NO: 21-0334  
DATE PAID: 4/3/21  
FEE PAID: 285.00  
RECEIPT #: 1454540

APPLICATION FOR:

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

APPLICANT: Jones, Adam and Tara

AGENT: Tony Richards

TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: 442 SW Tunsil Street Lake City, FL 32025

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 #: 23-4S-16-03096-005 ZONING: Res I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 2.9 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000\text{GPD}$  ☐  $> 2000\text{GPD}$

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

PROPERTY ADDRESS: 442 SW Tunsil Street Lake City, FL 32025

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>Residential</u>	<u>5</u>	<u>3000</u>	<u>Metal Home Package</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

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

SIGNATURE: X Tara Jones DATE: 4/27/21



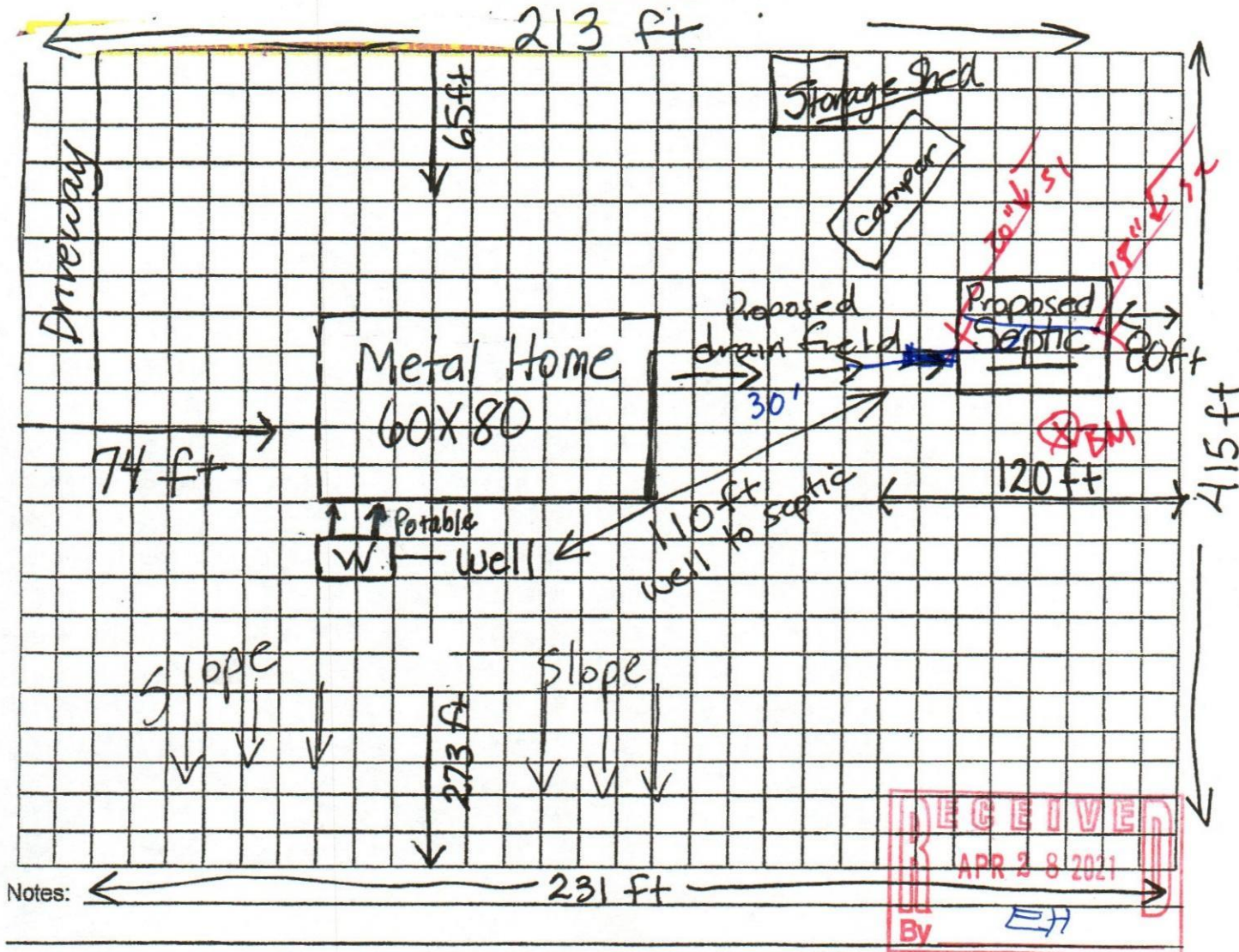


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

21-0234

PART II - SITEPLAN



Site Plan submitted by: Fierce Construction Agent: ☒ Owner: ☐

Date: 4/27/21

Plan Approved ☒ Not Approved ☐

Date: 5/4/21

By: [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

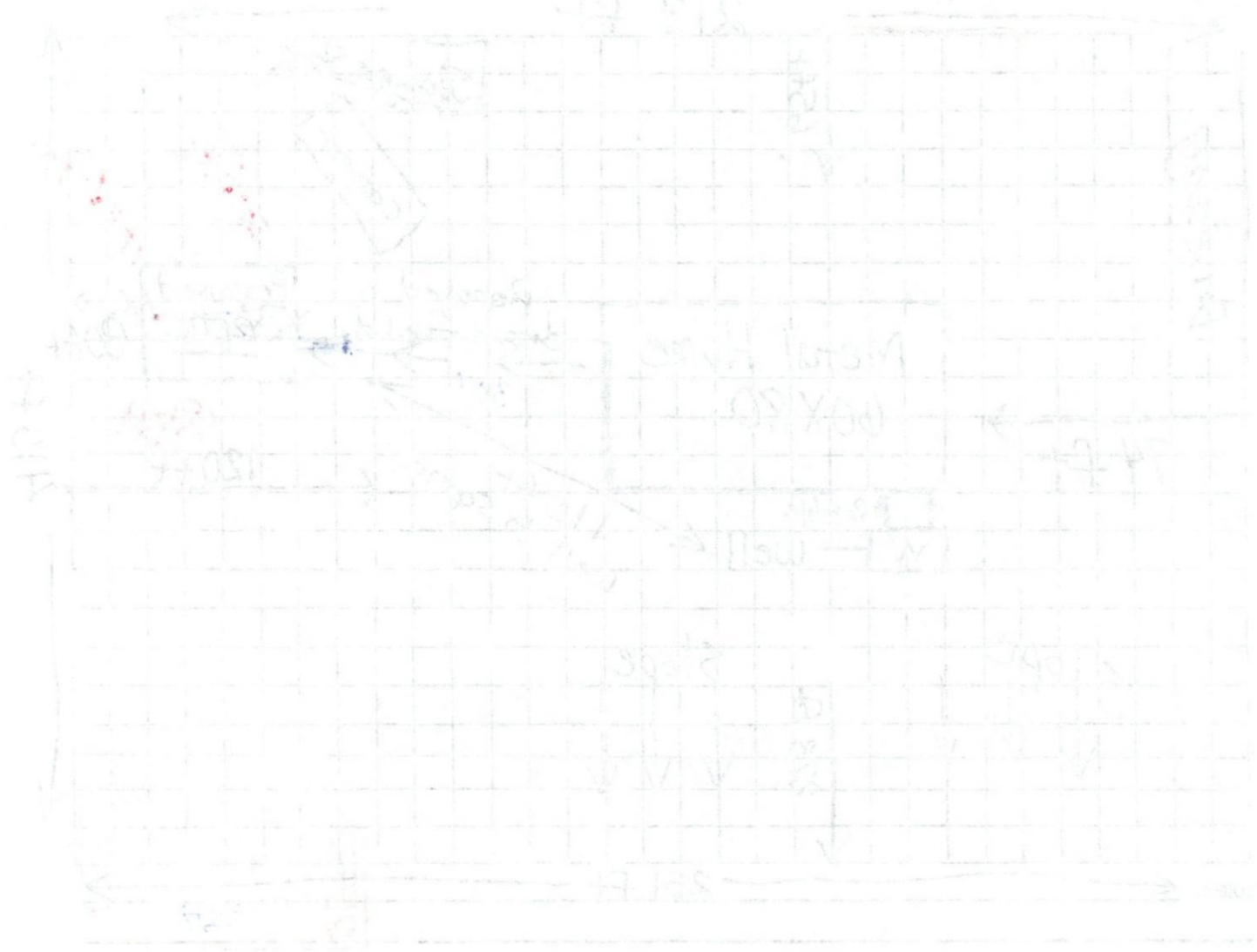
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

21-1044

Form 1-1-60 (Rev. 1-1-60)

PART II - SITE PLAN

21-1044



Site plan submitted by Frank L. Smith, Jr. dated 1-1-60  
 Prepared by Frank L. Smith, Jr.  
 COLUMBIA COUNTY, FLORIDA  
 ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT