



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

PERMIT NO. 21-01776
DATE PAID: 9/23/21
FEE PAID: 60.00
RECEIPT #: 1732573

APPLICATION FOR:

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

APPLICANT: Allen & Beverly Pope

AGENT: _____ TELEPHONE: 386-344-4330

MAILING ADDRESS: 144 SE Wilderness Dr 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: 10 BLOCK: _____ SUBDIVISION: Suzanne U5 PLATTED: _____

PROPERTY ID #: 03-45-17-07570-116 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 0.33 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 144 SE Wilderness Dr Lake City, FL 32025

DIRECTIONS TO PROPERTY: SR 100 E TO CR 245; RT on 245 to Plant St,
RT onto Plant St turn Rt onto Wilderness Dr second Home.
on Lt (Gray/BIK)

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>648</u>	<u>ORIGINAL ATTACHED</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 9-23-2021

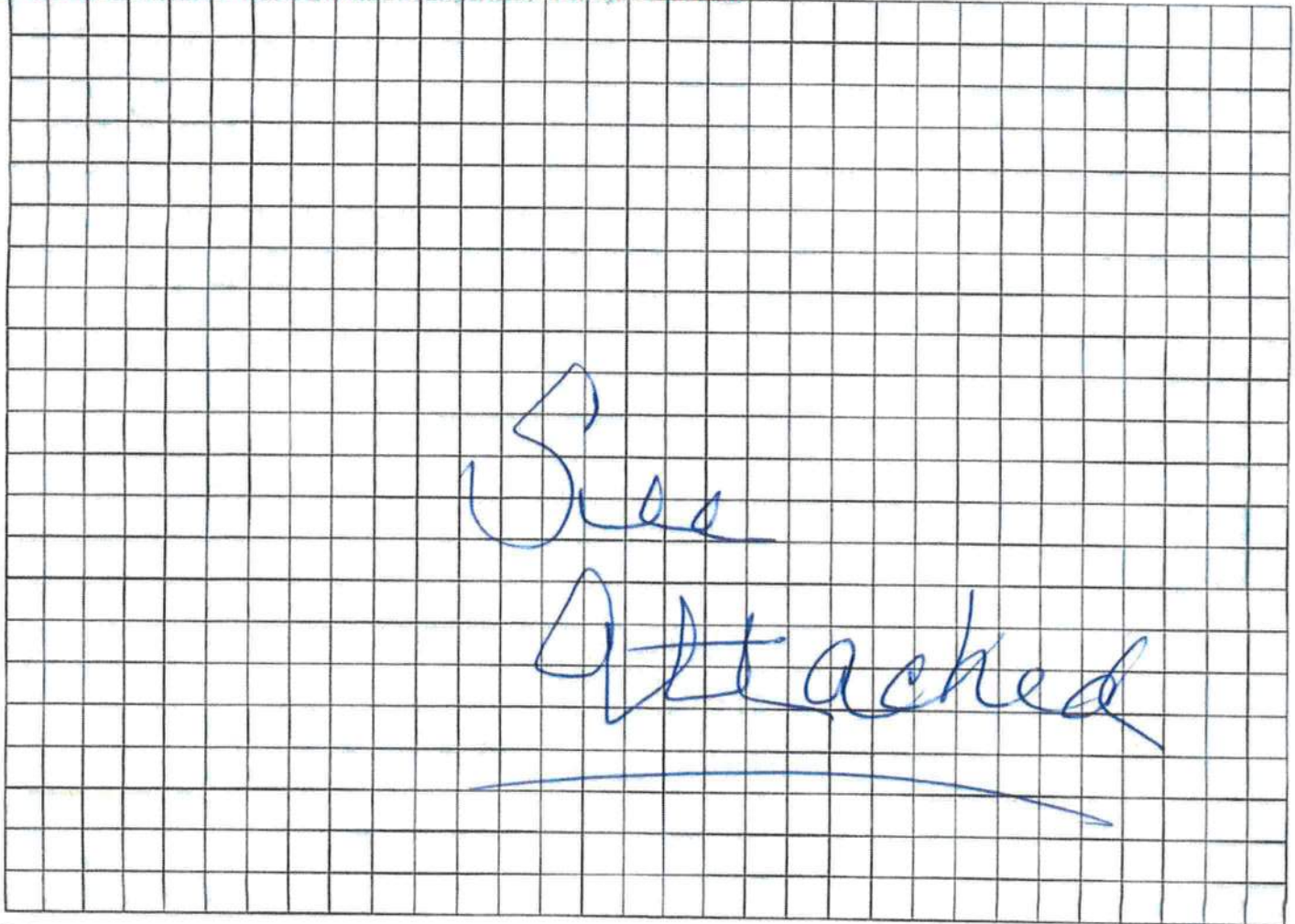
5166

STATE OF FLORIDA
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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0279

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

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



Notes: _____

Site Plan submitted by [Signature] TITLE ✓ DATE 2-23-2021
Plan Approved _____ Not Approved _____ Date 9/24/2021
By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SITE PLAN CHECKLIST

21-0779

- 1) Property Dimensions
- 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- 3) Distance from structures to all property lines
- 4) Location and size of easements
- 5) Driveway path and distance at the entrance to the nearest property line
- 6) Location and distance from any waters; sink holes; wetlands; and etc.
- 7) Show slopes and or drainage paths
- 8) Arrow showing North direction

SITE PLAN EXAMPLE

Revised 7/1/15

NOTE:

This site plan can be copied and used with the 911 Addressing Dept. application forms.

