

App #53908



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

PERMIT NO. 22-0160
DATE PAID: 3/2/22
FEE PAID: 40.00
RECEIPT #: 1807517

APPLICATION FOR:

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

APPLICANT: FRANCO MEDINA

AGENT: SAME TELEPHONE: _____

MAILING ADDRESS: 141 SW MEDINA, 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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 18-65-17-09655-002 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 11.36 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 15500 S US Hwy 441, LAKE CITY

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>DWMT</u> | <u>3</u> | <u>1344</u> | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 2-28-22

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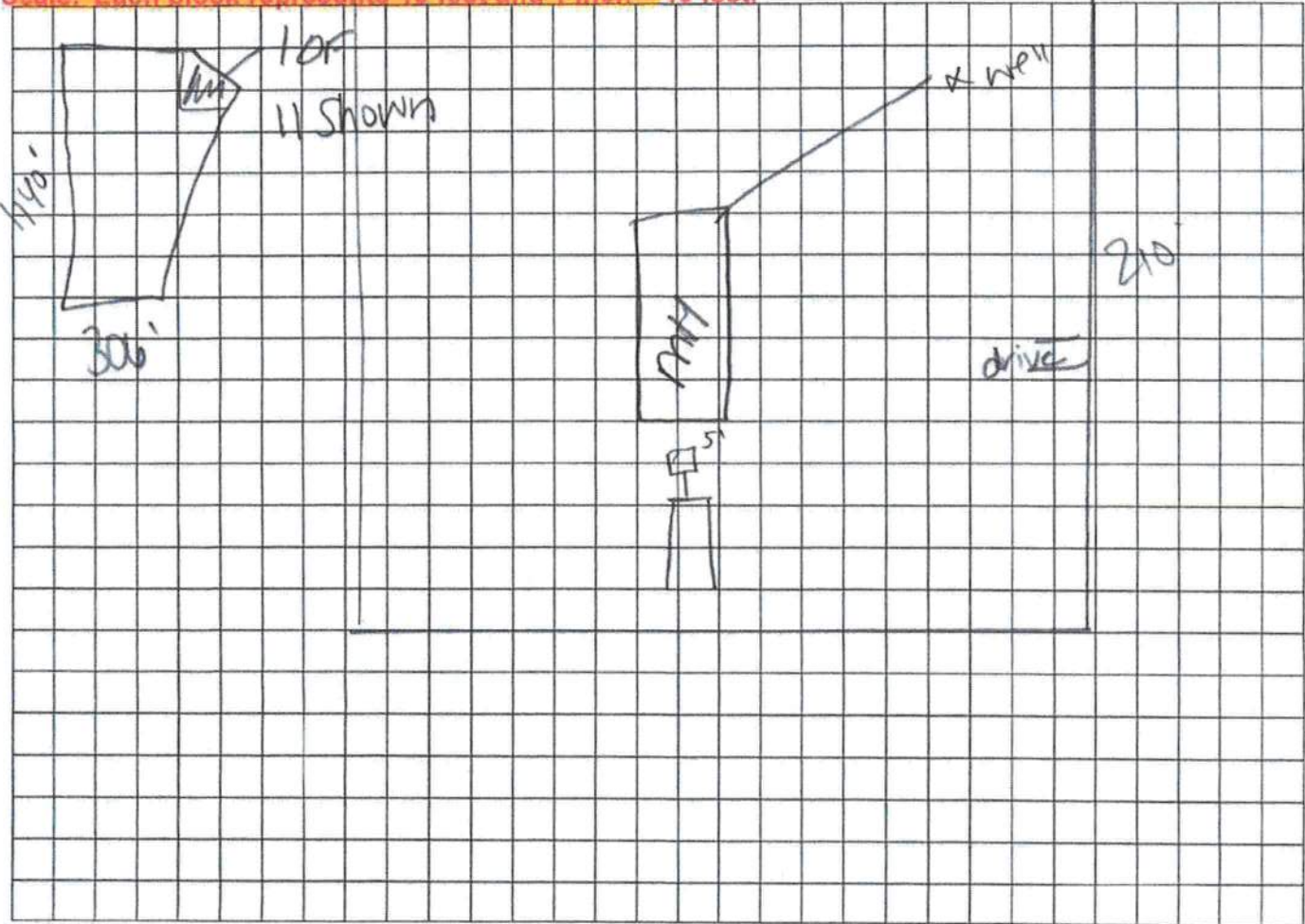
Permit Application Number

23-0140

210'

PART II - SITEPLAN

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



Notes:

Site Plan submitted by:

Agent:

Owner:

Date:

Plan Approved ☒

Not Approved ☐

Date

3-7-22

By

Sallie Ford E.H. Director

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT