21-0972



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

| PERMIT NO. | 42026 |
|------------|---------|
| DATE PAID: | 11.64.4 |
| FEE PAID: | 100.00 |
| RECEIPT #: | 0 |
| (1/6 | 669ce |

| [] | CATION FOR: New System Repair | [| cisting Systoandonment | tem [|] Hold] Temp | ing Tank |] |] Innov | rative |
|------------------------|---|------------------------------------|---|--|----------------------------------|----------------------------------|-----------------------|----------------------------------|-------------|
| APPLI | CANT: Nibia Rodrig | guez (Diaz-G | arcia) | | | | | | |
| AGENT | : Dale Burd | | | | | TE | LEPHO | NE: 386-365 | 5-7674 |
| MAILI | NG ADDRESS: 200 | 619 County R | oad 137, Lake C | City, FL, 32024 | | | | | |
| BY A APPLI PLATT | COMPLETED BY A PERSON LICENSEI CANT'S RESPONSI ED (MM/DD/YY) I | PURSUANT BILITY TO F REQUEST | TO 489.10: PROVIDE DO FING CONSIDER | 5(3)(m) OR OCUMENTATION ERATION OF | 489.552, N OF THE STATUTOR | FLORIDA DATE THE Y GRANDFA | STATE LOT ATHER | UTES. IT WAS CREA PROVISIO | TIS THE |
| | RTY INFORMATION | | | | | | | | |
| LOT: | 3 BLOCK: | NA | SUBDIVISION | : Loblolly Add | lition | | | PLATTE |): |
| PROPE | RTY ID #: 22-4S- | -16-03086-20 | 3 | ZONING | 3: | I/M O | R EQU | JIVALENT: | [No] |
| PROPE | RTY SIZE: 1 | ACRES | WATER SUPP | LY: [✓] PR | IVATE P | UBLIC [|]<=2 | 000GPD [|]>2000GPD |
| IS SE | WER AVAILABLE A | AS PER 38 | .0065, FS? | [No] | | DISTA | NCE T | O SEWER: | NA FT |
| PROPE | RTY ADDRESS: 18 | 83 SW Lambo | y Circle | | | | | | |
| DIREC | TIONS TO PROPER | RTY: US 90 | West, TL SW S | Sisters Welcome | , TR Hope I | Henry, TL Sp | arrow, | TR Lamboy | Circle, 3rd |
| Lot on | right | | | | | | | | |
| | | | | | | | c | | |
| BUILD | ING INFORMATION | 1 | [✓] RESI | DENTIAL | [] | COMMERCI | [AL | | |
| Unit No | Type of Establishment | | No. of Bedrooms | Building Area Sqft | | | | | em Design |
| 1 | SF Residential / MH | I | 3 | 1976 | 3 BR for 3 | BR Like for | like | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | - | | | | |
| [] | Floor/Equipmen | nt Drains | [] Oth | ner (Specify | <i>(</i>) | | | | |
| SIGNA | TURE | | | 7 | | | חמיים | : 11/24/202 | 21 |
| DI 40 | 15 00/00 /00 | | | | | | 21112 | | |

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

Page 1 of 4



Rec'd 126-4

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

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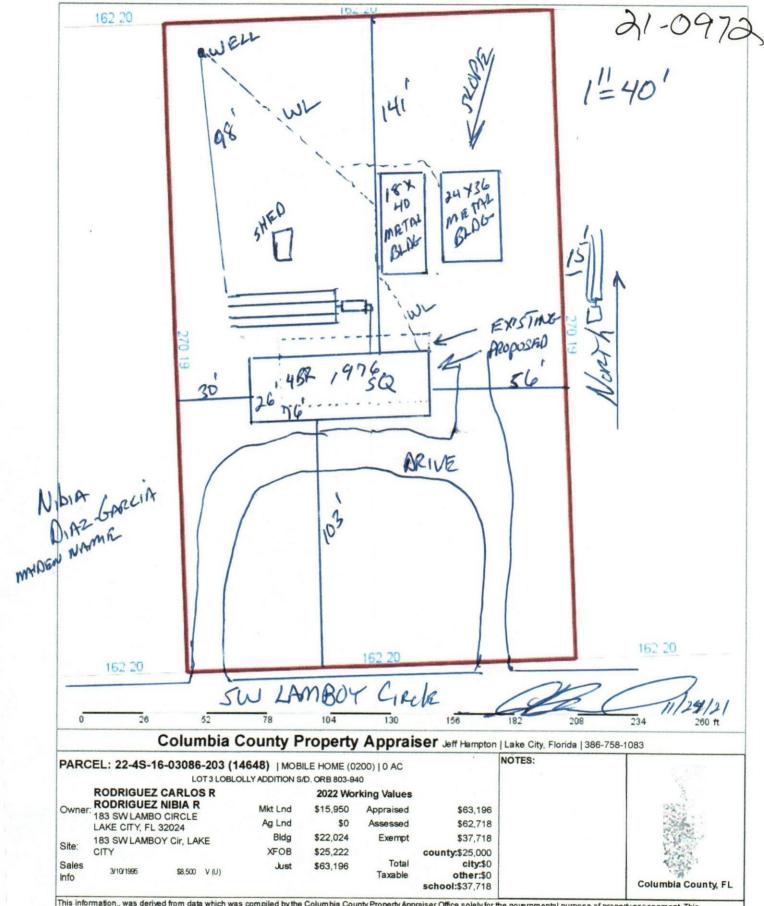
PART II - SITEPLAN

The House Name

The House Scale: 1 inch = 40 feet. MEASIE SEE AHRELIE Notes: Site Plan submitted by: CONTRACTOR Plan Approved Not Approved Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)



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