



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

PERMIT NO. 210754
DATE PAID: 9/10/21
FEE PAID: 200.40
RECEIPT #: 1729770

APPLICATION FOR:

[] New System [☒] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Gayle Boudreau

AGENT: Dale Burd

TELEPHONE: 386-365-7674

MAILING ADDRESS: 20619 County Road 137, 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: NA BLOCK: NA SUBDIVISION: Metes & Bounds PLATTED: _____

PROPERTY ID #: 01-04S-15-00311-003 ZONING: _____ I/M OR EQUIVALENT: [No]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] ≤ 2000 GPD [] > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [No] DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 2088 SW Mayo Road, Lake City, FL, 32024

DIRECTIONS TO PROPERTY: US 90, TL CR 252, TR Mayo Road, Approximately 1 mile on right

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	SF Residential / MH	2	830	3 BR to 2 BR Like for Like
2				1680 Sq to 830 Sq
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: _____

DATE: 9/9/21

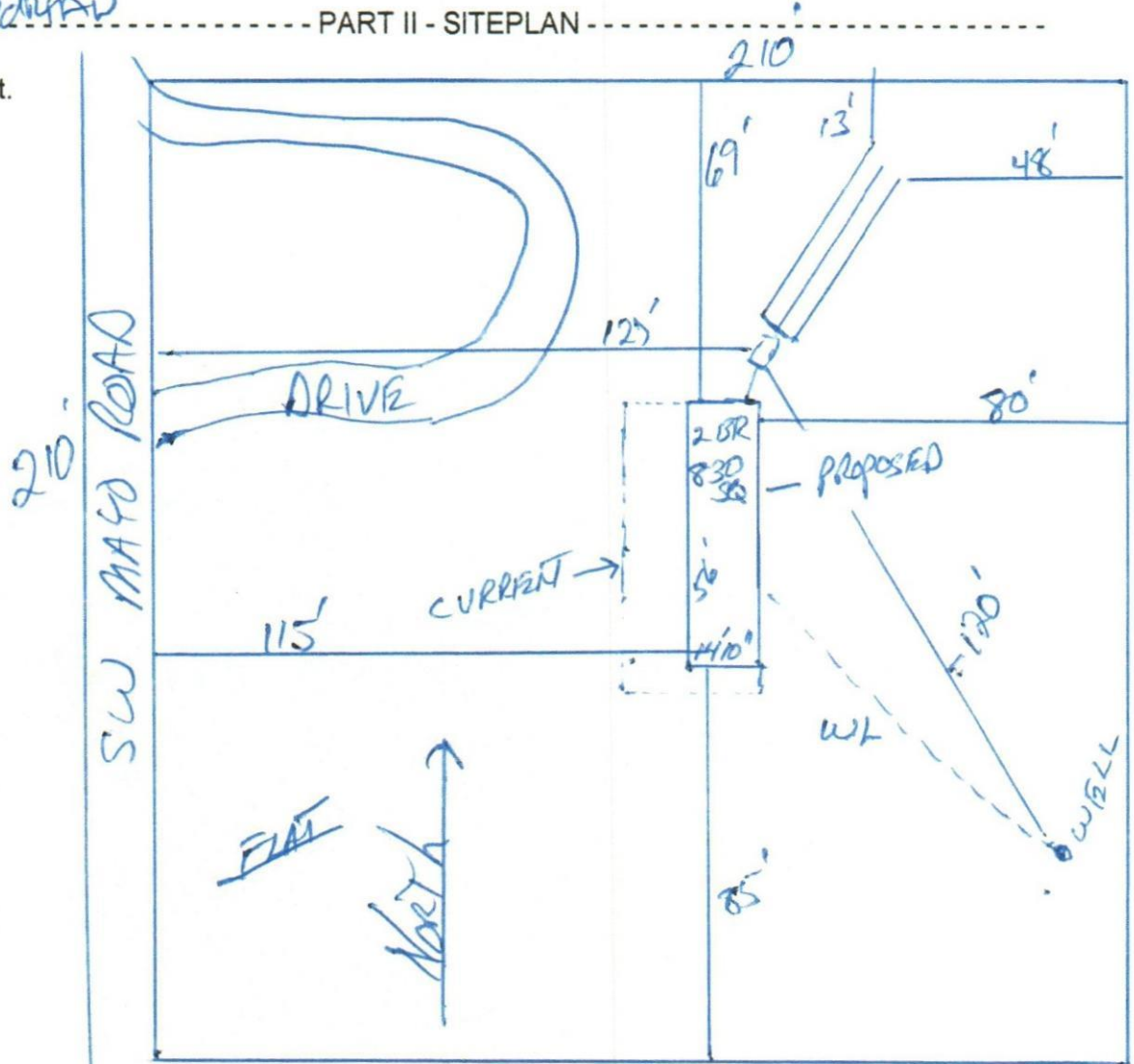
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 21-0754

Boulevard

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: _____

1 of 5 ACRES SEE ATTACHED

Site Plan submitted by: [Signature]

Plan Approved [Signature] Not Approved _____

By [Signature] Date 9/16/21 County Health Department

CONTRACTOR

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

STATE OF TEXAS
DEPARTMENT OF HOUSING

THE STATE OF TEXAS, COUNTY OF DALLAS, ss. I, the undersigned, Clerk of the County, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the County of Dallas, State of Texas.

Witness my hand and the seal of the County of Dallas, this 1st day of January, 1901.

CLERK OF THE COUNTY OF DALLAS, TEXAS.

1901 JAN 1



IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the County of Dallas, this 1st day of January, 1901.

CLERK OF THE COUNTY OF DALLAS, TEXAS.

1901 JAN 1

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