



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

FW

PERMIT NO. 21-0598
DATE PAID: 7/9/21
FEE PAID: 310.00
RECEIPT #: 1696392

APPLICATION FOR:

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

APPLICANT: MICHAEL ROBERTS (NORRIS CON)

AGENT: ROBERT FORD III-NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FLA 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: 19 BLOCK: 3 SUBDIVISION: MASON CITY PLATTED: _____

PROPERTY ID #: 22-55-17-09328-09 ZONING: _____ I/M OR EQUIVALENT: ☒ No ☐

PROPERTY SIZE: 5.02 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ No ☐ Yes DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 263 SE JAMES FEAGLE LN, LAKE CITY FLA

DIRECTIONS TO PROPERTY: TL on 4415, TL on USA15, TL on SE
Cline Feagle Rd, to 263

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	HOME	3	1000 1800	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Robert Ford III

DATE: 7-6-2021

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Permit Application Number

21-0598

Roberts

1"=40'

210

440.81

81.225

210

210

210

210

228

D/W

367.83

Proposed Well

100'

40'

1500 sq

3BR Home

60'

98'

210

50'

1 AC. of 5 AC.

Notes:

Site Plan submitted by: Robert W. Ford III, dated 7-6-2021

Plan Approved ☒ Not Approved ☐

by: Kelli Roy

Columbia

Date 7/14/2021

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT