



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

PERMIT NO. 20-3558
DATE PAID: 7/14/20
FEE PAID: 600.00
RECEIPT #: 1524127

APPLICATION FOR:

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

APPLICANT: Stephen Jones
AGENT: Maya C. Cuzack TELEPHONE: 386-623-352
MAILING ADDRESS: 235-SW Eva Ter. 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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 28-45-16-03234-002 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 100 FT

PROPERTY ADDRESS: 235-SW Eva Ter. Lake City, FL 32025

DIRECTIONS TO PROPERTY: 247 S to 242 turn L, Turn R on Eva Ter., 2 house on Right (1st house facing Eva Ter.)

BUILDING INFORMATION

[X] 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>Storage barn</u>	<u>0</u>	<u>1536</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

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

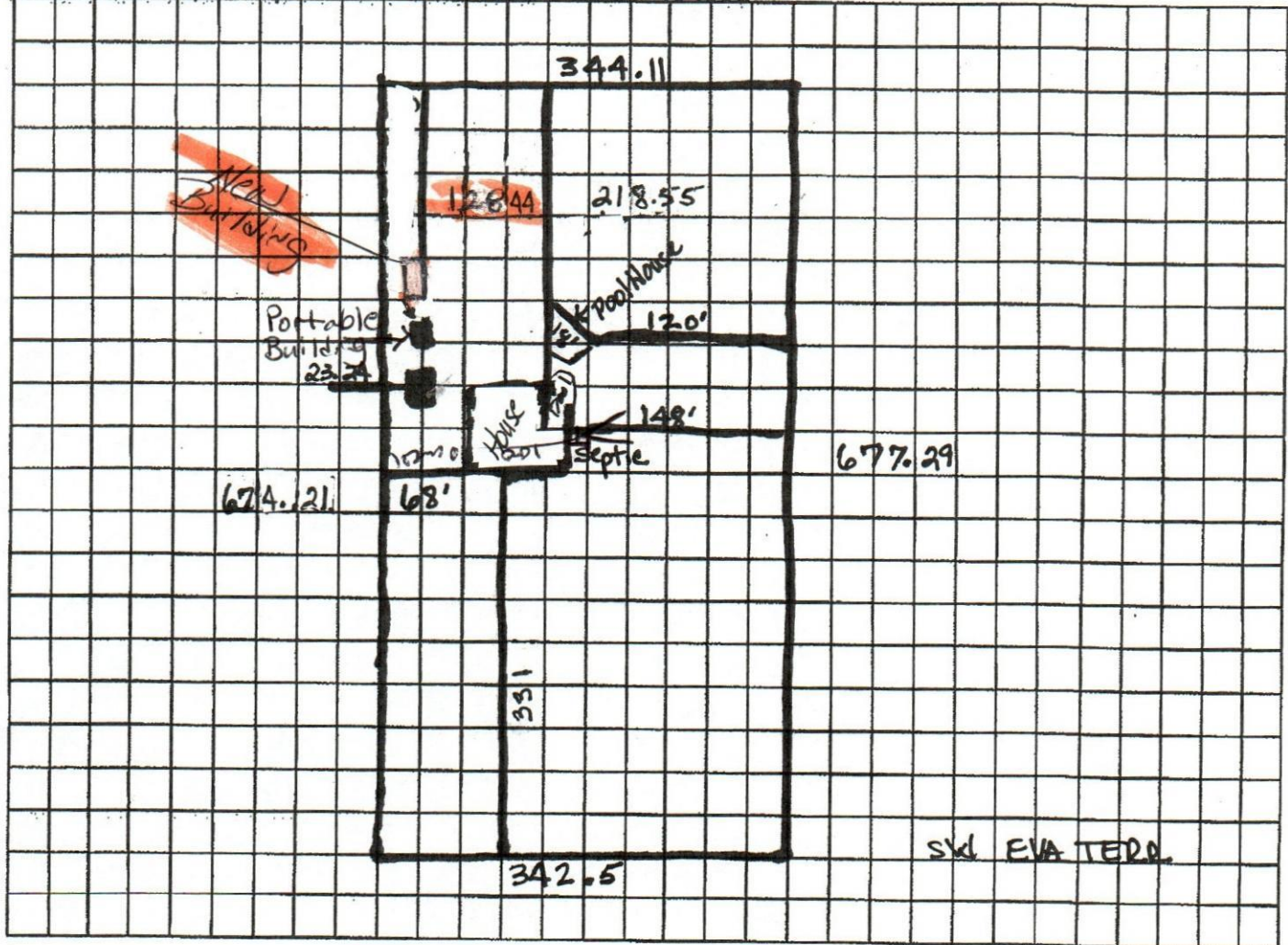
SIGNATURE: Maya C. Cuzack DATE: 7/15/20

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Permit Application Number 20 0558

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

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



Notes: _____

Site Plan submitted by: Stanley CrawfordPlan Approved ☒

Not Approved _____

Date 7/15/20

By _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT