



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

PERMIT NO. 21-0822
DATE PAID: 10/23/21
FEE PAID: 310.00
RECEIPT #: 1740439

APPLICATION FOR:

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

APPLICANT: Cornerstone Homes of Lake City Inc

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: 85 BLOCK: NA SUB: Emerald Cove Ph 2 PLATTED:

PROPERTY ID #: 33-3S-16-02438-184 ZONING: I/M OR EQUIVALENT: ☒ Y ☐ N

✓ PROPERTY SIZE: 0.51 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 386 SW Timberland Ct, Lake City, FL

DIRECTIONS TO PROPERTY: TL onto NW main Blvd, TR onto US-90W,
TL onto Co. Rd. 252B, TR onto SW Rose Mary DR,
TR onto SW Silver palm DR.

BUILDING INFORMATION

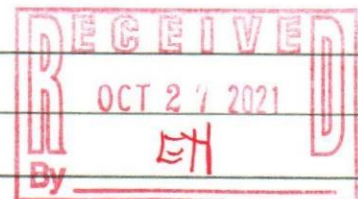
☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
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1	SF Residential	3	1710	
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2				
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3				
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☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: William D. Bishop II

DATE: 10/21/2021

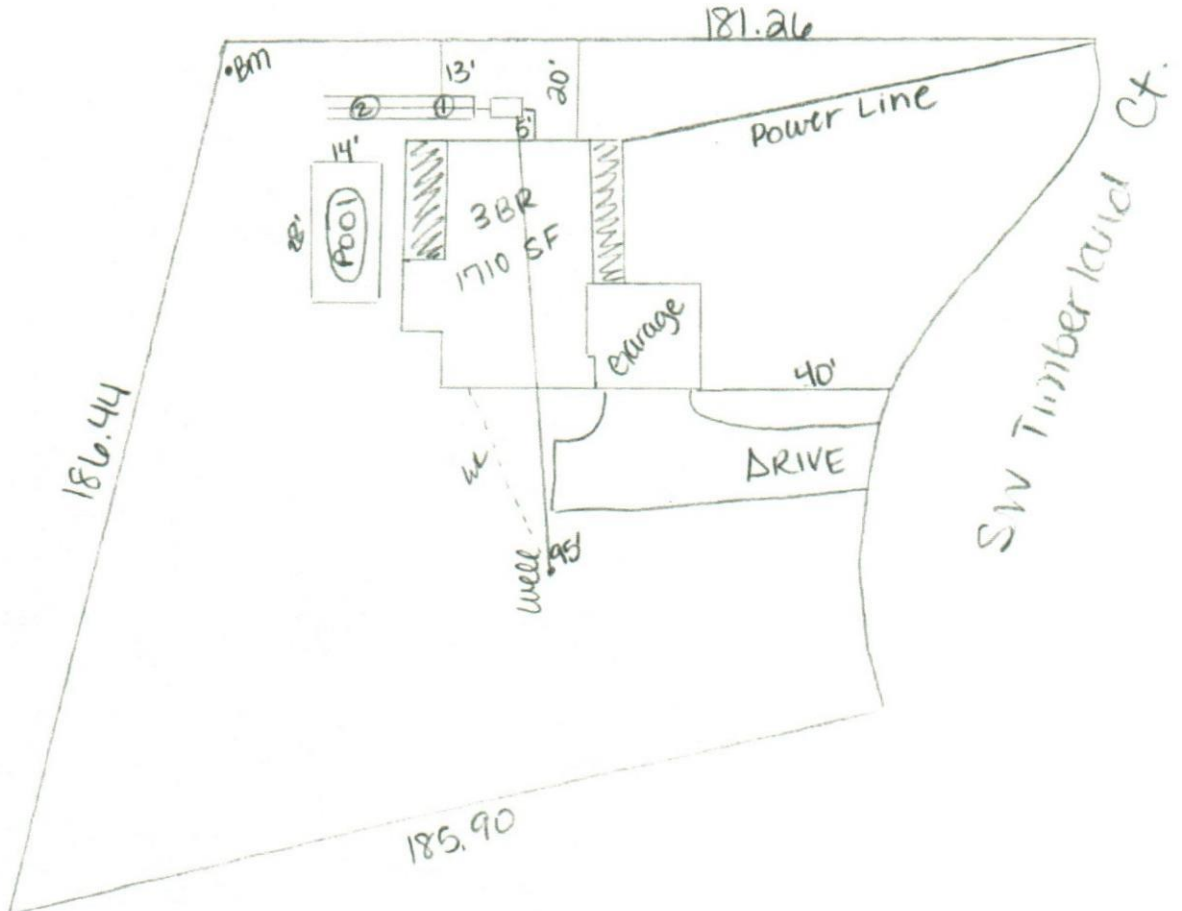
STATE OF FLORIDA
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APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 21-0822

Cornerstone Homes of Lake City Inc. - Lot 85

PART II - SITE PLAN

Scale: 1 inch = 40 feet.



Notes: Nitrogen reduction ATU FAST System

This is Lot 85 only

Site Plan submitted by: William D. Bishop II

MASTER CONTRACTOR

Plan Approved ☒ Not Approved ☐

Date 10-21-21

By [Signature]

County Health Department

10/29/21

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT