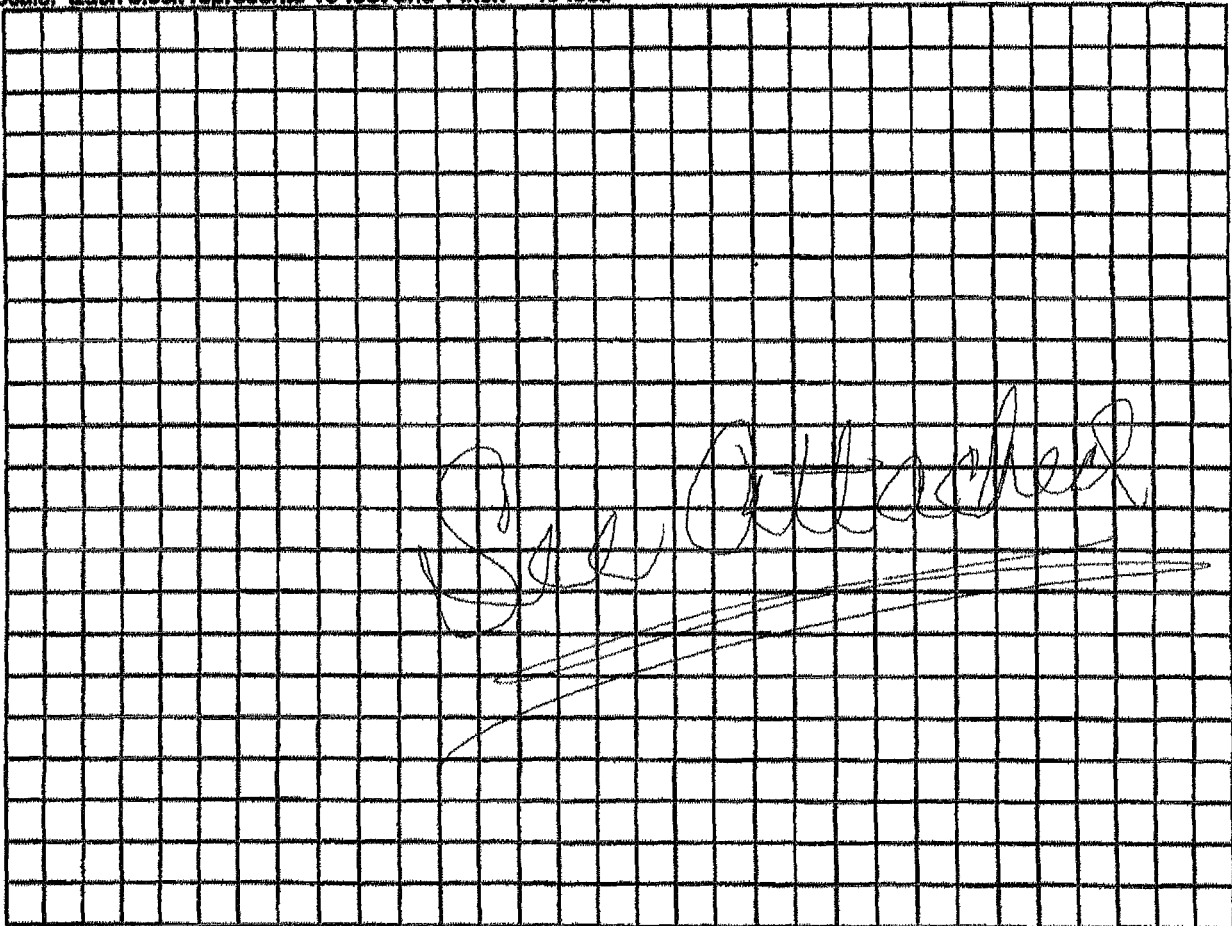


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-0505

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

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



Notes: _____

REVISED
12/16/13

Site Plan submitted by: Linda Vesce AS Agent

Plan Approved X Not Approved _____ Date 10/1/13

By [Signature] **Columbia CHD** County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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(Stock Number: 5744-002-4015-6)

Page 2 of 4

REVIEWED -- Revised Siteplan Received
[Signature]

SK/

FW

000 283502471



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

PERMIT NO. 13-8505
DATE PAID: 9/30/13
FEE PAID: 485.00
RECEIPT #: 1121658
Per Site (BM) 54.00
10/24/13

APPLICATION FOR:

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

APPLICANT: Arthur & Karen Brantley 352-485 2362 Law

AGENT: Casco Builders Inc (Bill Casco) TELEPHONE: 352-283-3542

MAILING ADDRESS: 20223 NE 6th Street, Gainesville, FL 32609

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: 16 BLOCK: _____ SUBDIVISION: Magnolia Place PLATTED: YES

PROPERTY ID #: 27-55-17-094/S-116 ZONING: Res. I/M OR EQUIVALENT: ☒ Y

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

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

PROPERTY ADDRESS: 3545W Cypresswood Glen 32025

DIRECTIONS TO PROPERTY: TAKE I-75 to Exit 414 to US 441 North on US 441 towards
LAKE CITY AIR APPROX 2 miles, TURN LEFT on County Road 349 for approx 0.2 miles
TURN LEFT on Cherrywood Drive

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	<u>Residential</u>	<u>4</u>	<u>2250</u>	
2	<u>Workshop</u>	<u>N/A</u>	<u>616</u>	<u>N/A 11/16/2013</u>
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 9/27/2013

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