



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

56
PERMIT NO: 31-3814
DATE PAID: 10/8/21
FEE PAID: 400.00
RECEIPT #: 1255734

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Mark Hadley

AGENT: Woodmen Park Bldg

TELEPHONE: 386-288-1767

MAILING ADDRESS: PO Box 1755 Lake City FL 32055

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: 1/1 SUBDIVISION: N/A PLATTED: _____

PROPERTY ID #: 34-45163271003 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.11 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 371 SW Sunday Ln Lake City

DIRECTIONS TO PROPERTY: W⁷ South to King Rd Rt
to Bishop Rd left to Sunday Ln (Rt)
to property on left

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	<u>House EX</u>	<u>3BR</u>	<u>3100</u>	<u>ORIGINAL ATTACHED</u>
2	<u>In law Suite</u>	<u>1</u>	<u>788</u>	
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Mark Hadley

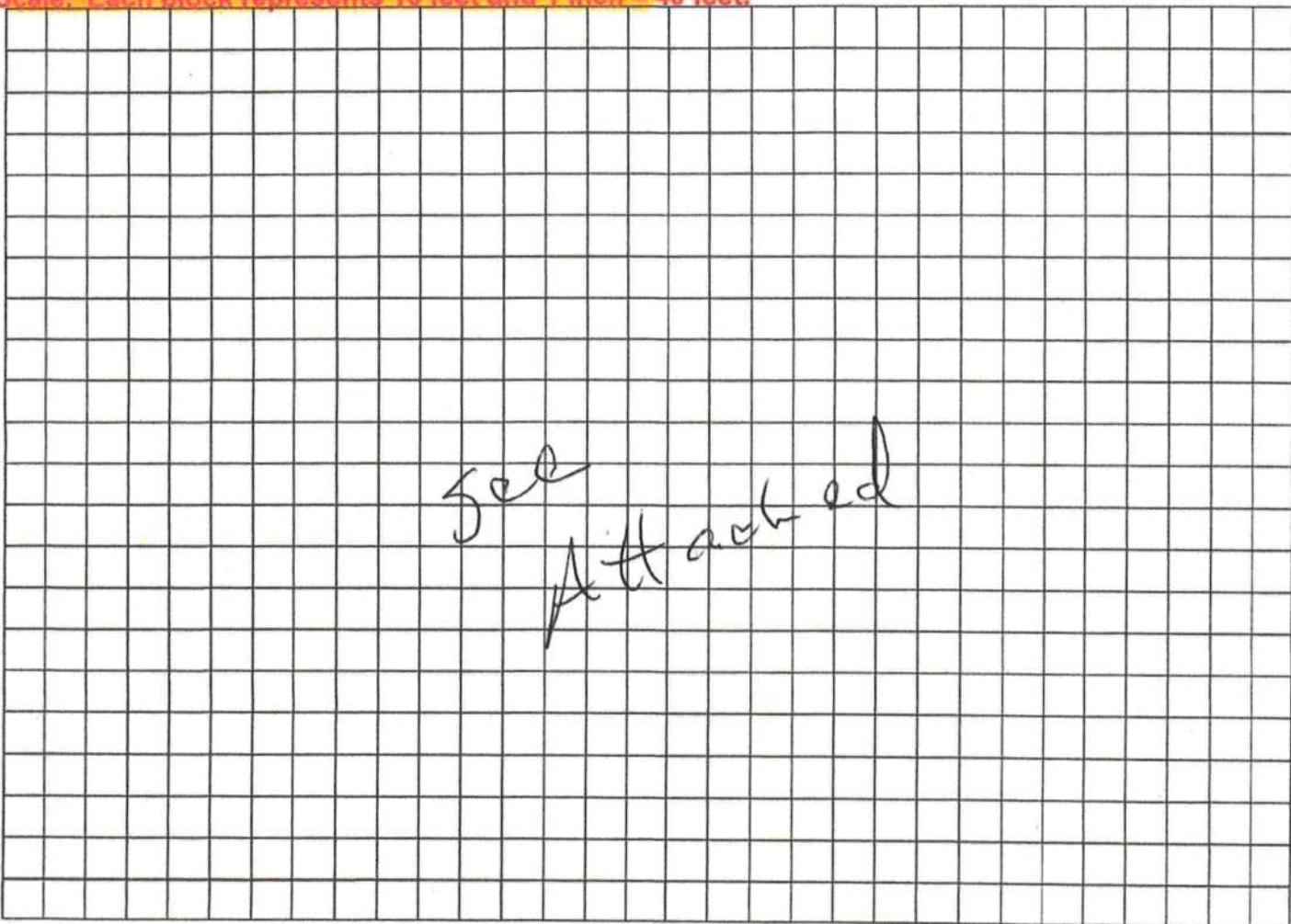
DATE: 10-04-21

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0814

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

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



Notes: _____

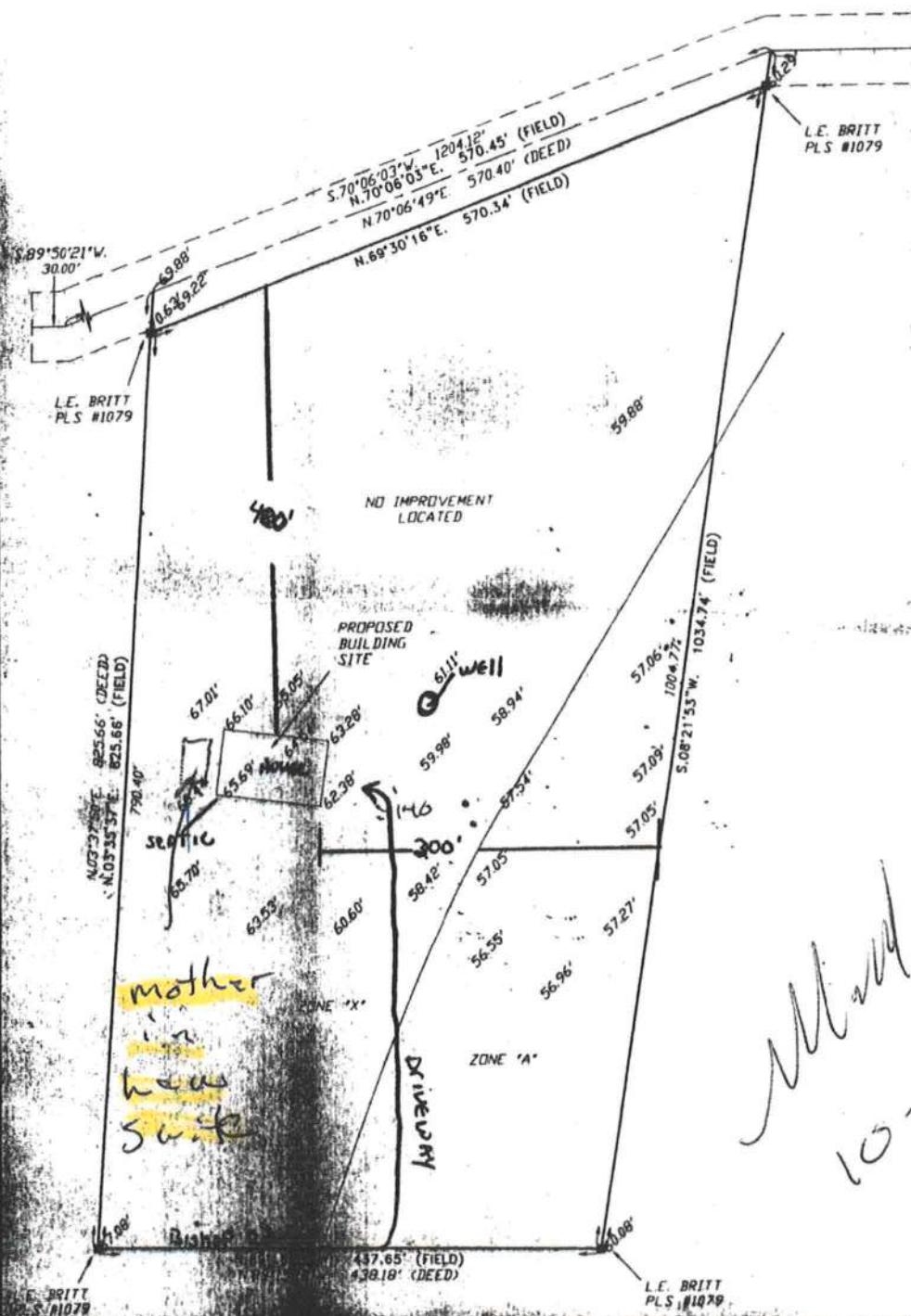
Site Plan submitted by: Mark Blum Agent: _____ Owner: _____ Date: 10-6-21
Plan Approved ✓ Not Approved _____ Date 10/12/21
By _____

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

1 SITE PLAN

21-0814



CHARGED TO:

MARK HADDOX

I HEREB
TECHNIC
IN CHAP

5/17/05

FIELD SUR
NOTE