



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

PERMIT NO. 21-0902
DATE PAID: 11/10/21
FEE PAID: 400.00
RECEIPT #: 1760584

APPLICATION FOR:

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

APPLICANT: Douglass Kerwin

AGENT: _____

TELEPHONE: 954-593-1889MAILING ADDRESS: 565 N.W. ARMADILLO LN.

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: 46 BLOCK: _____ SUBDIVISION: Rolling Oaks PLATTED: _____

PROPERTY ID #: 09-35-16-02049-146 ZONING: A-3 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.09 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] ≤ 2000 GPD [] > 2000 GPD

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

PROPERTY ADDRESS: 565 N.W. ARMADILLO LN. CAKE CITY, FL 32055

DIRECTIONS TO PROPERTY: _____

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>AIRPORT</u>	<u>0</u>	<u>1</u>	— ORIGINAL ATTACHED —
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

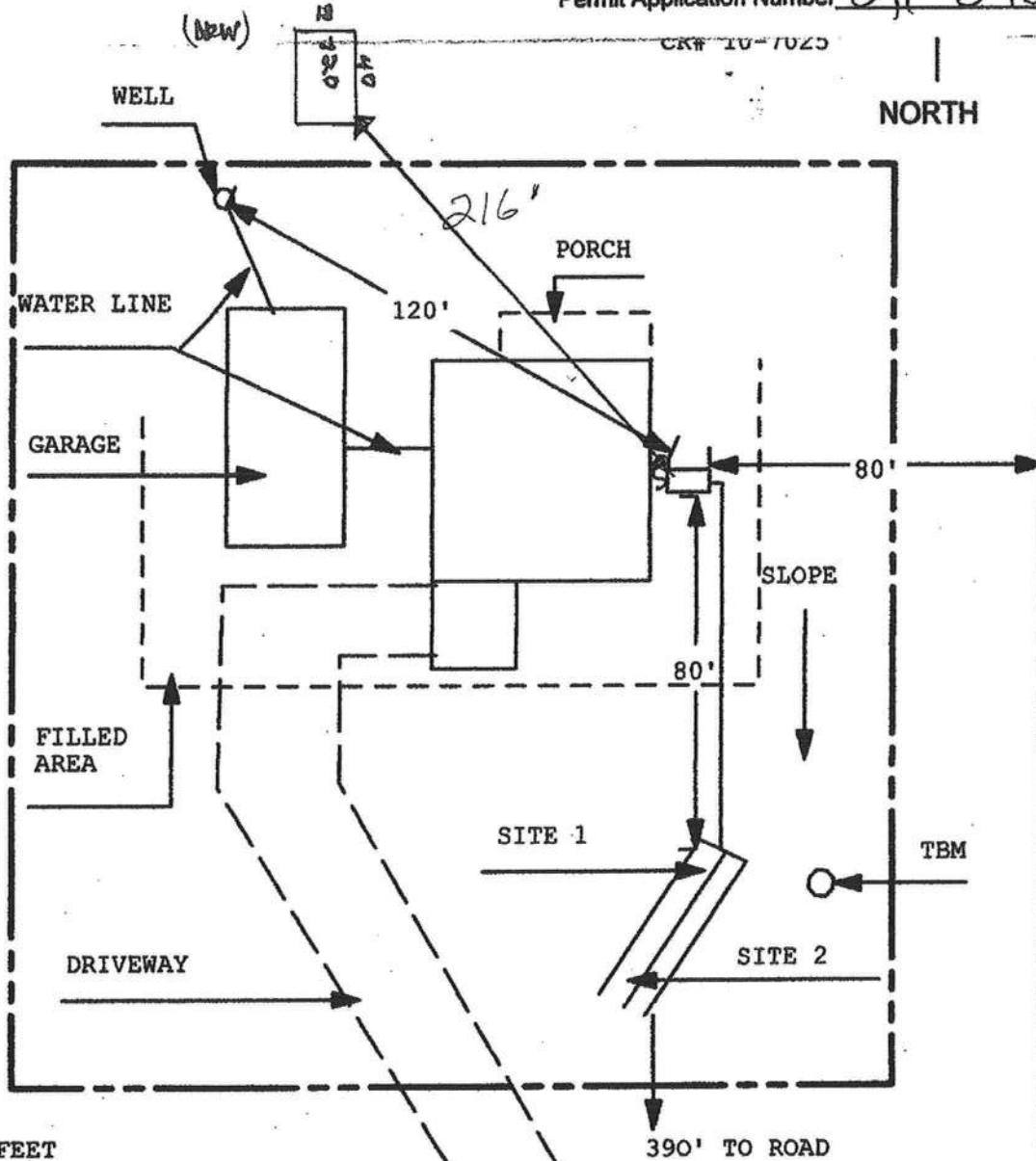
[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: X Douglas KerwinDATE: 10-28-21

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Permit Application Number

21-0902



INCH = 40 FEET

Site Plan submitted by:

Agent:

Owner:

Date:

10-29-21

Plan Approved

Not Approved

Date

11/1/21

By

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT