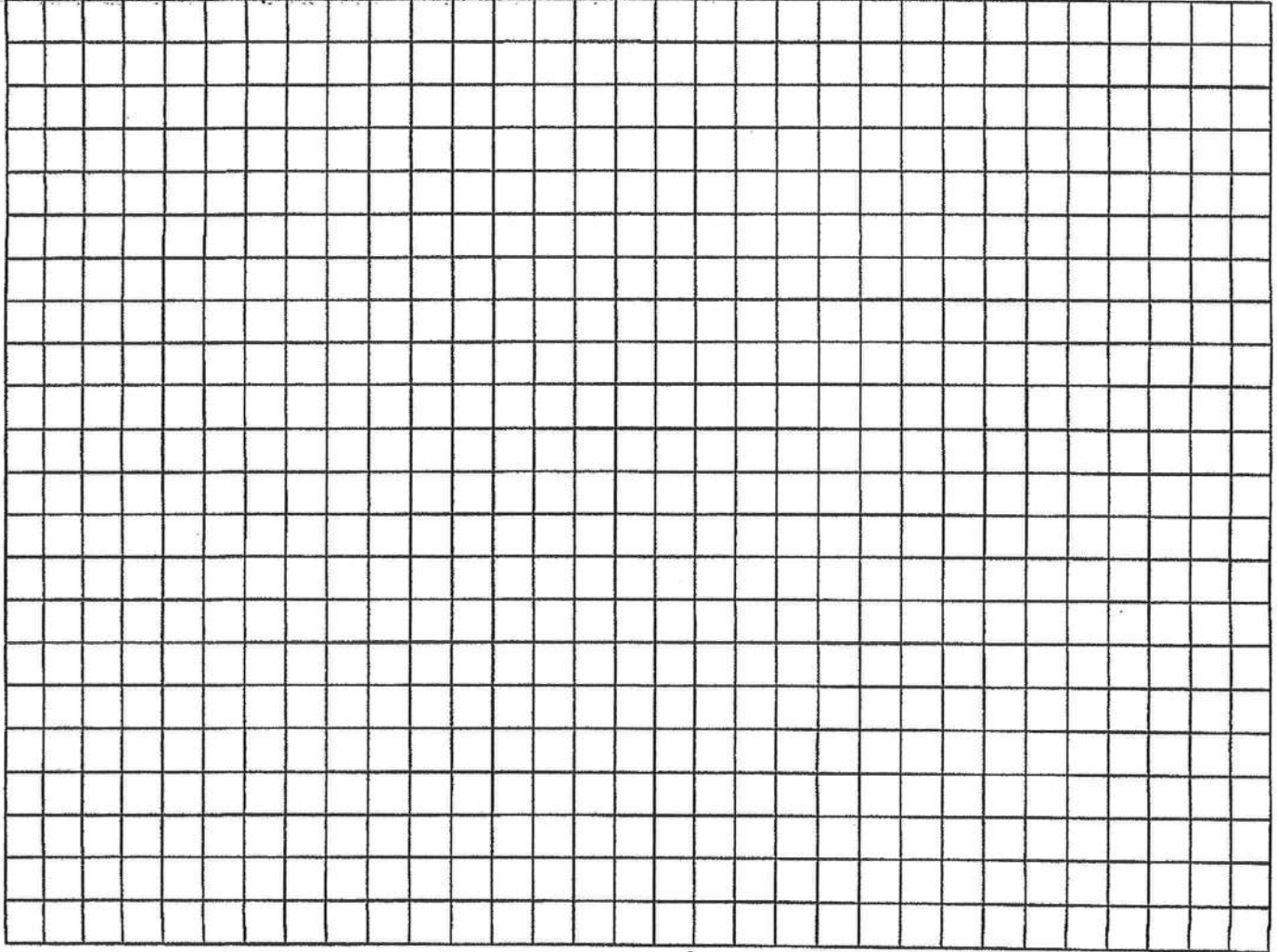


STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0055

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

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



Notes: See Attached. DRAIN fill 21' from pool SLAB

Site Plan submitted by: Dennis J. Jeff TITLE owner DATE: 01-20-2022
Plan Approved X Not Approved _____ Date 1/25/22
By [Signature] [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 22-0055
DATE PAID: 11/21/22
FEE PAID: 600.00
RECEIPT #: 1787550

APPLICATION FOR:

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

APPLICANT: Bonnie Foxx

AGENT: _____

TELEPHONE: 386-288-8726

MAILING ADDRESS: 141 SW Erskine CT LAKE CITY, FL 32024

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: 9 BLOCK: _____ SUBDIVISION: Crosswinds phase 1 PLATTED: _____

PROPERTY ID #: 245 ^{PF} 24-45-16-03117-109 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .60 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 16.5 FT

PROPERTY ADDRESS: 141 SW Erskine CT LAKE CITY, FL 32024

DIRECTIONS TO PROPERTY: Sisters welcome Rd, Left on Kiehl, Right on Crosswinds Subdivision, go right, Erskine 1st rd on right last house on right (yellow)

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit Type of No. of Building Commercial/Institutional System Design
No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC

1 House 3 1676 existing 21-0215

2 Pool - - -

3 _____ ORIGINAL ATTACHED -

4 _____

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Bonnie Foxx

DATE: 01/20/2022

