



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

PERMIT NO. 91-0423
DATE PAID: 5/4/21
FEE PAID: 60.00
RECEIPT #: 1668714

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: MARK STEWART

AGENT: _____ TELEPHONE: 3864549852

MAILING ADDRESS: 1148 SW OLD BELAMY Rd HIGH SPRINGS

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: N/A BLOCK: N/A SUBDIVISION: N/A PLATTED: NONE

PROPERTY ID #: 85-75-17-09898-011 ZONING: _____ I/M OR EQUIVALENT: [Y] (N)

PROPERTY SIZE: 5.5 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 1148 SW OLD BELAMY Rd HIGH SPRINGS FL 32643

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>Storage Shed</u>	<u>0</u>	<u>200</u>	ORIGINAL ATTACHED
2				
3				
4				

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

SIGNATURE: MW. Stewart DATE: 050821

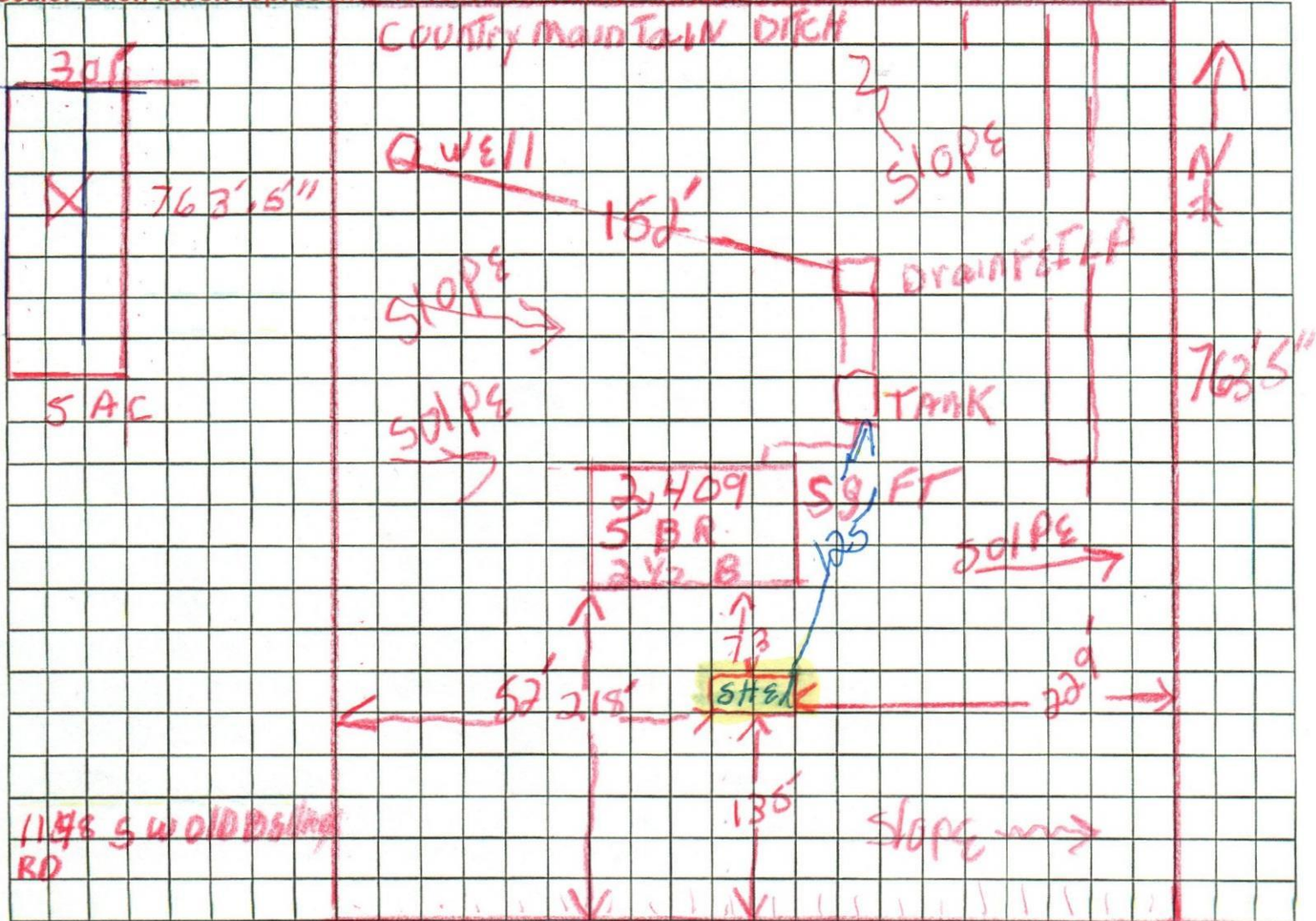
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Permit Application Number

21-0423

PART II - SITEPLAN

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



Notes:

Site Plan submitted by: M. V. Stewart TITLE _____ DATE: 050321
Plan Approved _____ Not Approved _____ Date 5/5/2021
By Kuh Re Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT