

STATE OF FLORIDA DEPARTMENT OF HEALTH

ONSITE SEWAGE TREATMENT AND DISPOSAL CONFEE PAID:

DATE PAID:

SYSTEM RECEIPT #: APPLICATION FOR CONSTRUCTION PERMIT APPLICATION FOR: ✓] New System [] Existing System [] Holding Tank [] Innovative] Repair [] Abandonment [] Temporary [] APPLICANT: TELEPHONE: 38-755- 5343 MAILING ADDRESS: 125 S.E. BUYTER GLN 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: ___ SUBDIVISION: ___ N/A-___ PLATTED: 1986 200 ZONING: _____ I/M OR EQUIVALENT: [Y V N PROPERTY ID #: PROPERTY SIZE: // ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <= 2000GPD [] > 2000GPD IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / x] DISTANCE TO SEWER: FT PROPERTY ADDRESS: 808 S.W. English ST. DIRECTIONS TO PROPERTY: 441 South to English St. + +/R [RESIDENTIAL BUILDING INFORMATION [] COMMERCIAL Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC 1 USED M 3

Floor/Equipment Drains [] Other (Specify)

DATE: 82

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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0724

Scale: Each block represents 10 feet and 1 inch = 40 feet. 195 Notes: Englished BS bAc, English Rel Site Plan submitted by: Kgr. V. Worland EE Agent: X Owner: Date: Plan Approved Not Approved Date 2/8/22 COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC Slock Number: 5744-002-4015-6)