



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

PERMIT NO. 20-85405  
DATE PAID: 7/7/20  
FEE PAID: 200.00  
RECEIPT #: 1526336

APPLICATION FOR:

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

APPLICANT:

Pat Nodes

AGENT:

Brittany Dunn

TELEPHONE:

904.340.6760

MAILING ADDRESS:

904 SW Paul Pearce Ln, 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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 20.55.17.09298.000 ZONING: R I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: [ / ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: 50 FT

PROPERTY ADDRESS: 904 SW Paul Pearce Ln, Lake City, FL 32024

DIRECTIONS TO PROPERTY: S on CR 131. 4.8 miles then L on Sw Paul Pearce Lane .9 mi then right into driveway

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	mobile home	3	1400 Sq Ft	ORIGINAL ATTACHED
2	Storage shed	14x14		
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE:

B. Dunn

DATE:

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0545

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

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

See attached site  
plan

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Site Plan submitted by: Brittany Dunn

Plan Approved X

Not Approved \_\_\_\_\_

Date 7/26/20

By [Signature]

[Signature]

County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

20-0545

Not to Scale

3/2/20

