



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

PERMIT NO 20-0838
DATE PAID: 10/19/20
FEE PAID: 600.00
RECEIPT #: 1585746

APPLICATION FOR:

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

APPLICANT: Craig S. Walters

AGENT: _____ TELEPHONE: 386-397-5189

MAILING ADDRESS: 209 SW Airpark GLN Lake City, FL 32025-1614

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

North 167 Ft of

LOT: 25+26 BLOCK: _____ SUBDIVISION: Cannon Creek Airpark PLATTED: _____

PROPERTY ID #: 12-45-16-09947-045 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 1 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: 209 SW Airpark GLN Lake City, FL 32025-1614

DIRECTIONS TO PROPERTY: US 90 west to Sisters Welcome Rd south to Airpark GLN East to 209 (first driveway on left)

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
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1	<u>Garage addition</u>	<u>0</u>	<u>800</u>	<u>original 93006 (cannot find original)</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

☐ Floor/Equipment Drains ☐ Other (Specify) _____

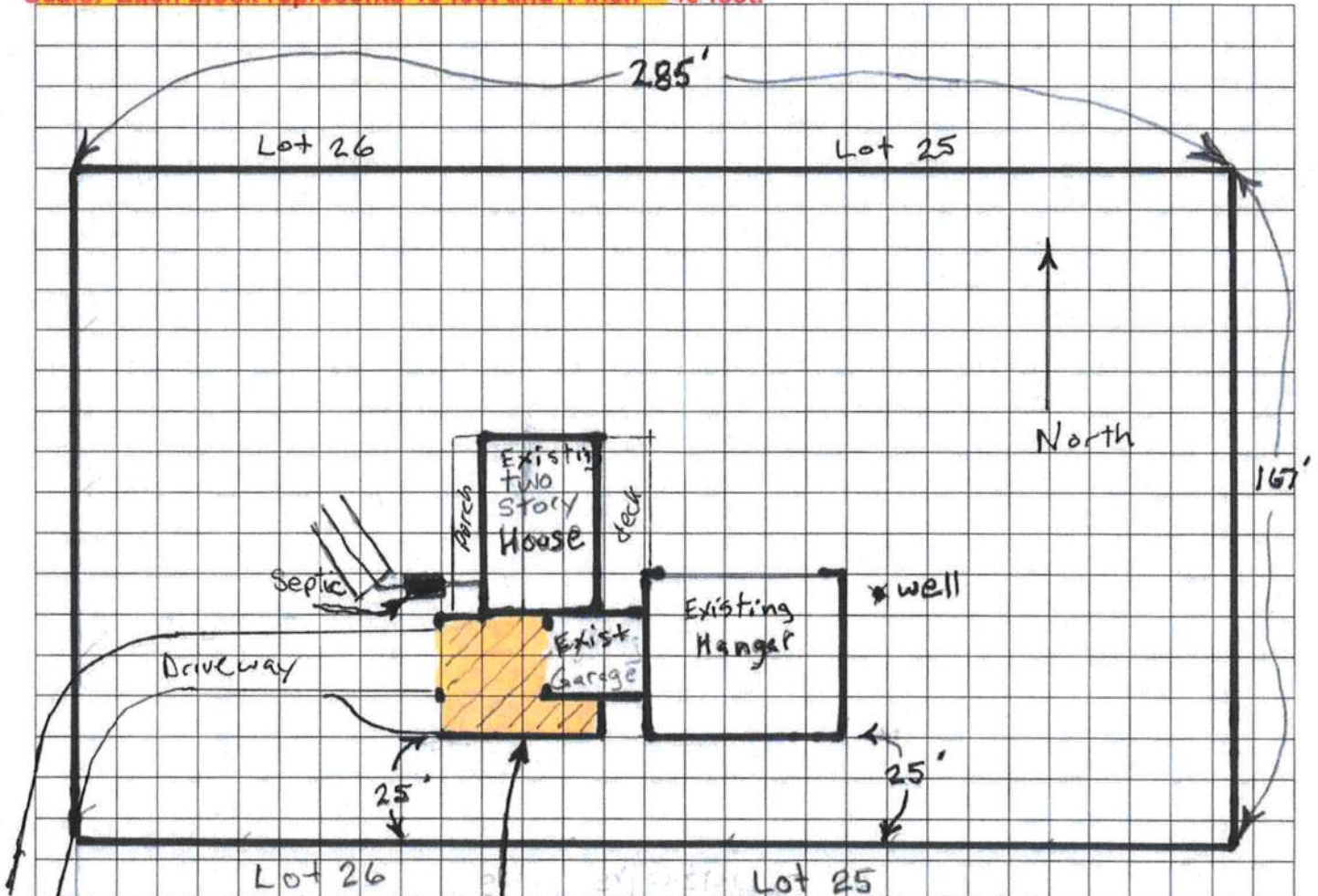
SIGNATURE: [Signature] DATE: 10-14-2020

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

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



Notes: Proposed Garage expansion (3 car garage)

Site Plan submitted by: Craig S. Walters Agent: Owner: V Date: 10-14-2020
Plan Approved X Not Approved _____ Date 10/20/20
By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT