



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

PERMIT NO. 20-0946
DATE PAID: 12/17/20
FEE PAID: 200.00
RECEIPT #: 1205494

APPLICATION FOR:

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

APPLICANT: Matthew Gerbec

AGENT: _____ TELEPHONE: 386-623-4423

MAILING ADDRESS: 104 SW Seville PL, 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: 21 BLOCK: _____ SUBDIVISION: The Hunt Place PLATTED: _____

PROPERTY ID #: 08-55-16-03490-021 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 104 SW Seville PL, Lake City, FL, 32024

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>Metal Building</u>	<u>0</u>	<u>1200</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

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

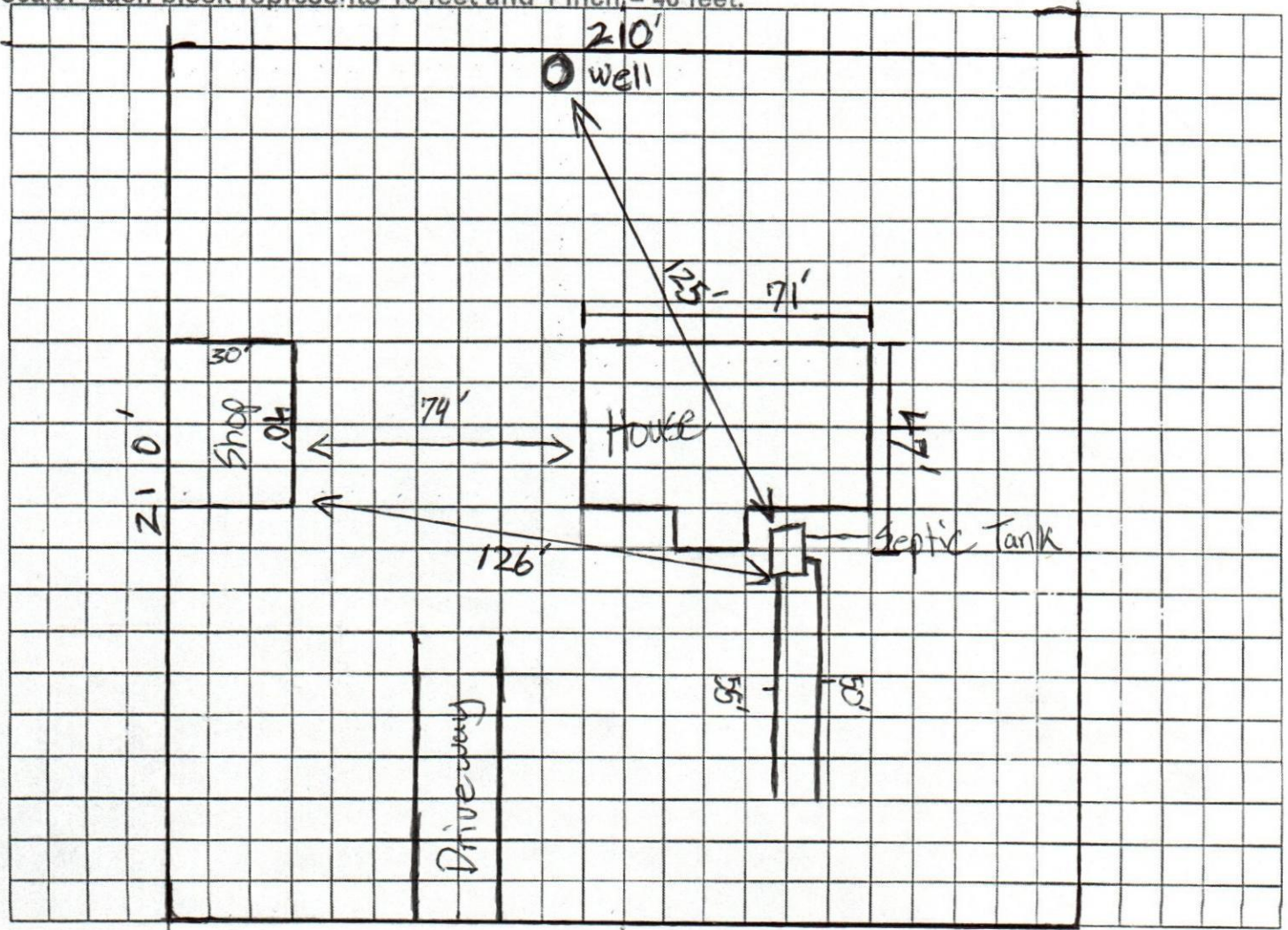
SIGNATURE: Matthew Gerbec DATE: 12/16/20

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

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



Notes: 1 AC of 5 AC

Site Plan submitted by: Matthew Glen TITLE _____ DATE: 12/6/20
Plan Approved ☒ Not Approved _____ Date 12/11/20
By [Signature] ESJ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT