



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

PERMIT NO. 21-0324
DATE PAID: 4/20/21
FEE PAID: 310.00
RECEIPT #: 1257134

APPLICATION FOR:

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

APPLICANT: James Conner (John Normis Con)

AGENT: ROBERT FORD III, NORTH FLORIDA SEPTIC TANK INC;

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE State Rd 100, Lake City, FL 32025

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: 28 BLOCK: Ph2 SUBDIVISION: Stonehenge PLATTED: _____

PROPERTY ID #: 23-45-16-03099-228 ZONING: _____ I/M OR EQUIVALENT: [Y/N]

PROPERTY SIZE: 0.51 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 279 Stonehenge Ln, Lake City, FL (SW)

DIRECTIONS TO PROPERTY: TL on main Blvd, TR on US90, TL on SW Sister Welcome Rd, TR on Stonehenge Ln to 279

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>new home</u>	<u>3</u>	<u>1762.3</u>	
2				
3				
4				

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

SIGNATURE: Robert Ford III DATE: 4-16-2021

Permit Application Number 96-0374

$$I^u = 40'$$

Conner



Jan Approved Not Approved

Date 4/22/2021

I am Approved ✓ Kelly B. Not Approved _____ Columbia Date 11/21/2017
 _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT