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

PERMIT NO. 21-0224  
DATE PAID: 3/11/21  
FEE PAID: 60.00  
RECEIPT #: 1657167

APPLICATION FOR:

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

APPLICANT: Edward Gaslin

AGENT: \_\_\_\_\_ TELEPHONE: 352-573-1017

MAILING ADDRESS: 533 SE Happy Valley Gln, High Springs, FL 32645

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: 14 BLOCK: \_\_\_\_\_ SUBDIVISION: Happy Valley PLATTED: \_\_\_\_\_

PROPERTY ID #: 15-K-17-09986-016 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 1 ACRES WATER SUPPLY: [ ☒ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 533 SE Happy Valley Gln, High Springs, Fla 32643

DIRECTIONS TO PROPERTY: Hwy 441 south to Happy Valley Gln, turn left, 12th home on the 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

|   |                    |          |              |                         |
|---|--------------------|----------|--------------|-------------------------|
| 1 | <u>Mobile Home</u> | <u>3</u> | <u>1450</u>  | <u>on site</u>          |
| 2 | <u>Bed</u>         | <u>—</u> | <u>30x20</u> | <u>2000 Ex attached</u> |
| 3 |                    |          |              |                         |
| 4 |                    |          |              |                         |

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

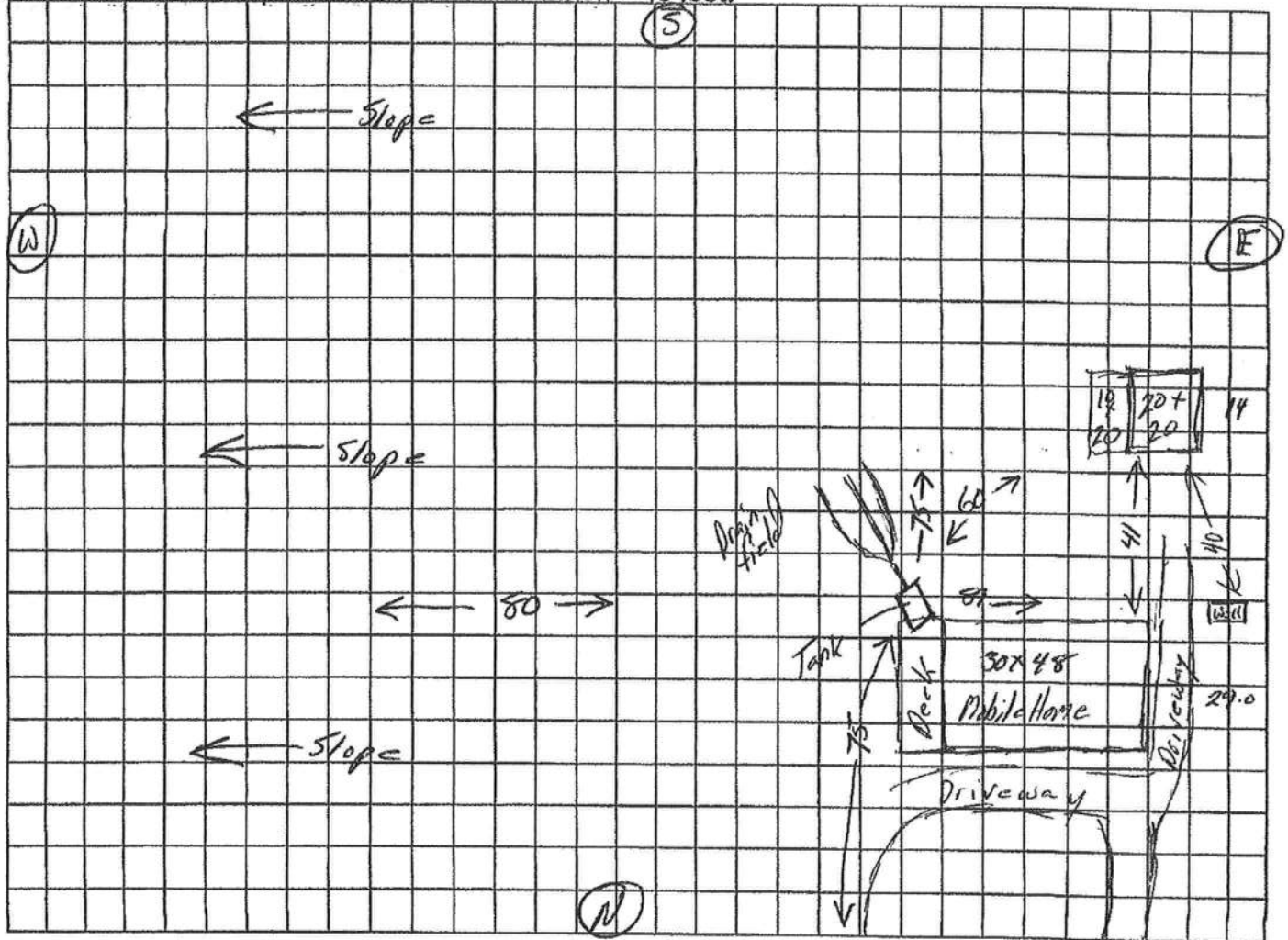
SIGNATURE: [Signature] DATE: 3-8-21

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## - PART II - SITEPLAN

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



**Notes:**

Site Plan submitted by: Ed Garcia Owner TITLE DATE: 3-8-21  
Plan Approved X Not Approved \_\_\_\_\_ Date 3/15/21  
By [Signature] Cohen County Health Department

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