



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

PERMIT NO. 21-0278
DATE PAID: 3/23/21
FEE PAID: 260.00
RECEIPT #: 1440753

APPLICATION FOR:

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

APPLICANT: Michael Wyatt Roberts TR

AGENT: _____ TELEPHONE: 386-623-1817

MAILING ADDRESS: 320 SW Mabrey Glen 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 #: 044516-02772-005 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 4.42 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 320 Mabrey Glen LC 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>Workshop</u>	<u>0</u>	<u>1,500</u>	<u>17-8778 Attached</u>
2				
3				
4				

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

SIGNATURE: Michael Roberts DATE: 3/23/21

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

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

S
See
Attached

Notes: Need permit for power poll

Site Plan submitted by: Michael Roberts TITLE _____ DATE: 3-21-21
Plan Approved ☒ Not Approved _____ Date 3/26/21
By: Kell By Columb County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



HOME

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Parcel Details

GIS Map

 $1''=80'$ **SCALE**

PAN

FULL

INFO**DIST**

SAVE

PRINT

