



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

CR # 10-7867

PERMIT NO 20-0940
DATE PAID: 12/10/20
FEE PAID: 310.00
RECEIPT #: 16806433

APPLICATION FOR:

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

APPLICANT: LESLIE WITT MCGRIF

AGENT: STANLEY CRAWFORD CONSTRUCTION INC.

TELEPHONE: (386) 752-5152

MAILING ADDRESS: 1482 SW COMMERCIAL GLN.

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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 25-5S-17-09387-004 ZONING: AG I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 10.000 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 1558 SE CR349 LAKE CITY

DIRECTIONS TO PROPERTY: 441 SOUTH, TURN LEFT ON CR345, SITE ON RD.

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

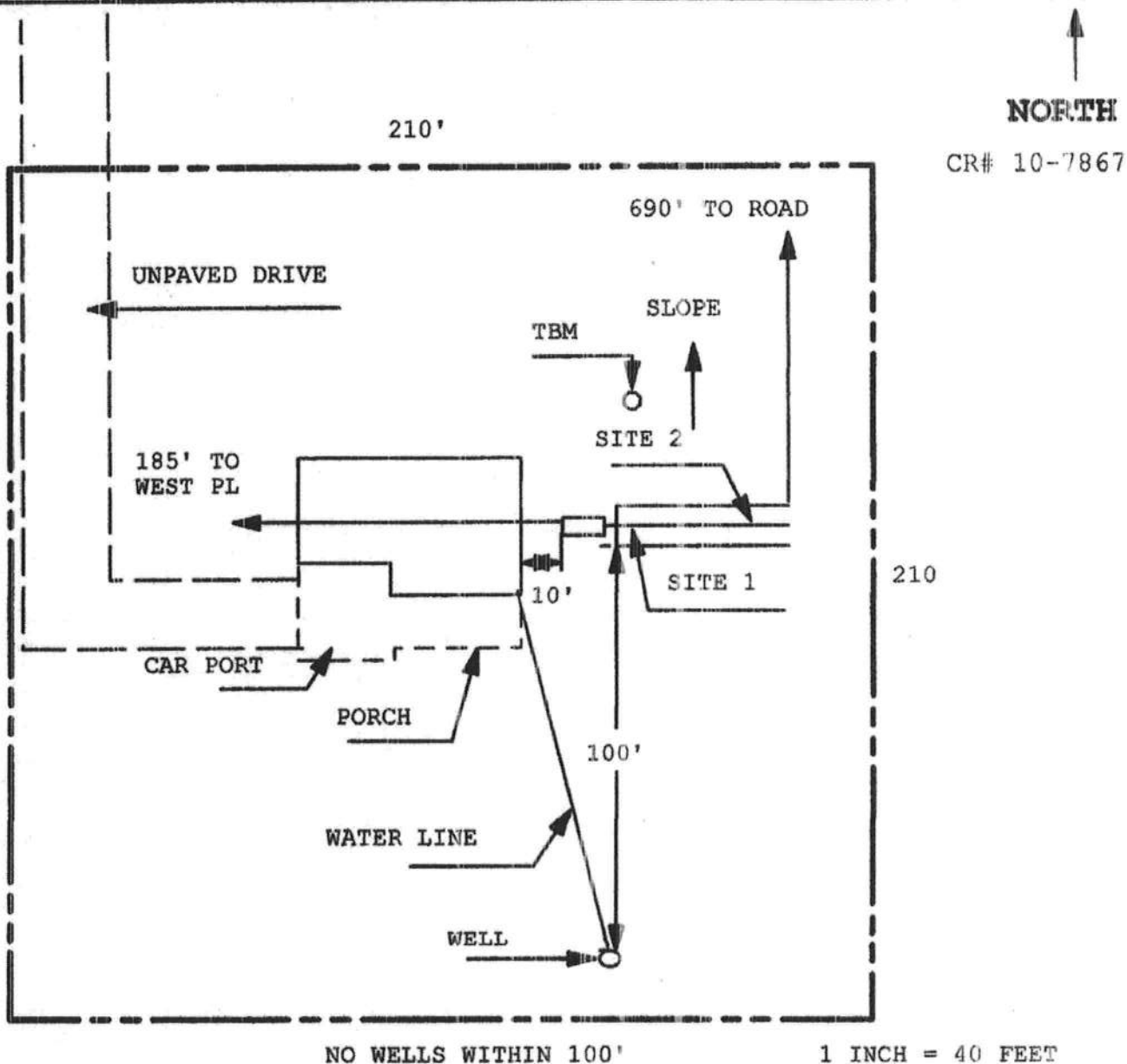
Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>HOUSE</u>	<u>3</u>	<u>1,670</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Stanley Crawford DATE: 11/30/2020

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 20-0960

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Ronald K. [Signature] Date 11/25/20
 Plan Approved X Not Approved Date 12/14/20

[Signature] [Signature] CPHU
 Notes: _____