



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

PERMIT NO. 20-0921
DATE PAID: 11/20/20
FEE PAID: 310.00
RECEIPT #: 1602764

APPLICATION FOR:

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

APPLICANT: Charles Snipes

AGENT: Ronald Ford - Ford's Septic

TELEPHONE: 386-755-6288

MAILING ADDRESS: 116 NW Lawtey Way Lake City, Florida 32055

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: MEETS & BOUNDS

PLATTED: _____

PROPERTY ID #: 28-45-16-03235-000 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 73.83 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS2 ☒ Y ☐ N

DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 426 350 SW Daytime Lane Lake City, FL 32024

DIRECTIONS TO PROPERTY: 247 South. (L) on CR 242.

(R) on Ralph Terrace. (R) on Daytime. (L) on Twilight.

(R) on DUSK. Follow to end.

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

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Barn	0	(Barn) 3500	Bathroom is 24 square feet (no shower - only one sink + one toilet)
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Rc Ford Ronald Ford

DATE: _____

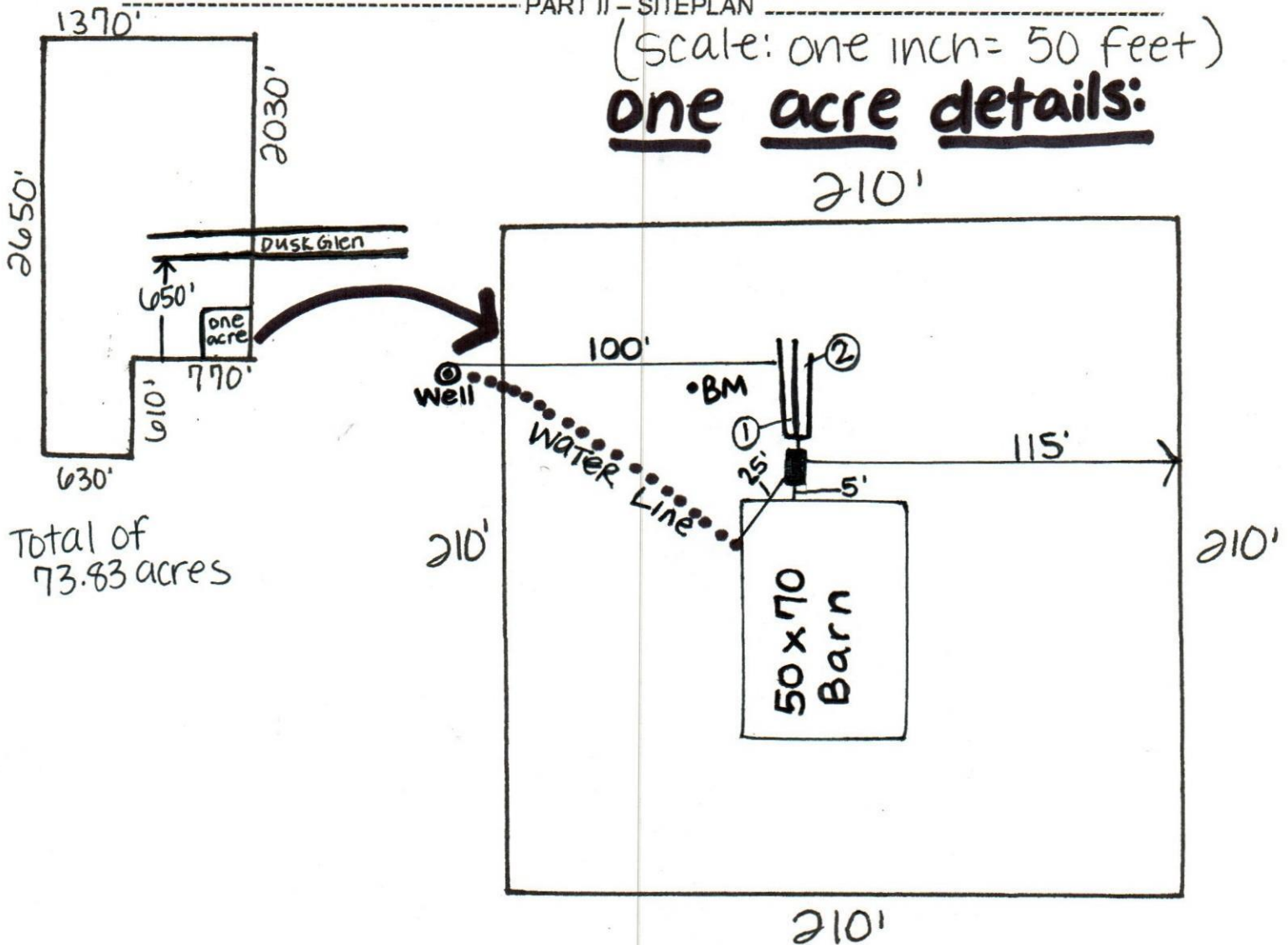


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PART II - SITEPLAN

(Scale: one inch = 50 feet)
one acre details:



Notes:

Parcel ID #: 28.45.16.03235.000

350 SW Daytime Lane Lake City, FL 32024

Site Plan submitted by: RC Zel - Ronald Ford

Plan Approved ☒ Not Approved ☐ Date 11-19-2020

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT