



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

PERMIT NO. 14-2212E  
DATE PAID: 4/17/14  
FEE PAID: 60.00  
RECEIPT #: 1143152

APPLICATION FOR:

- New System
- Existing System
- Holding Tank
- Innovative
- Repair
- Abandonment
- Temporary

APPLICANT: Lonnie R. North & Lori Lynn North

AGENT: \_\_\_\_\_ TELEPHONE: 813-303-3732

MAILING ADDRESS: 172 SW Twig Ct 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: 20 BLOCK: A SUBDIVISION: Columbia Estates PLATTED: Book 5, 112, 112, 112

PROPERTY ID #: 10-55-16-03529-120 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 1.03 ACRES WATER SUPPLY:  PRIVATE PUBLIC [ ]  <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 172 SW Twig Ct Lake City, FL, 32024

DIRECTIONS TO PROPERTY: I-75 to Hwy 47 towards Fort White.  
Turn right on Willis Rd. then right on Twig Ct

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>Double wide</u>	<u>3</u>	<u>1493</u>	<u>ORIGINAL ATTACHED</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

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

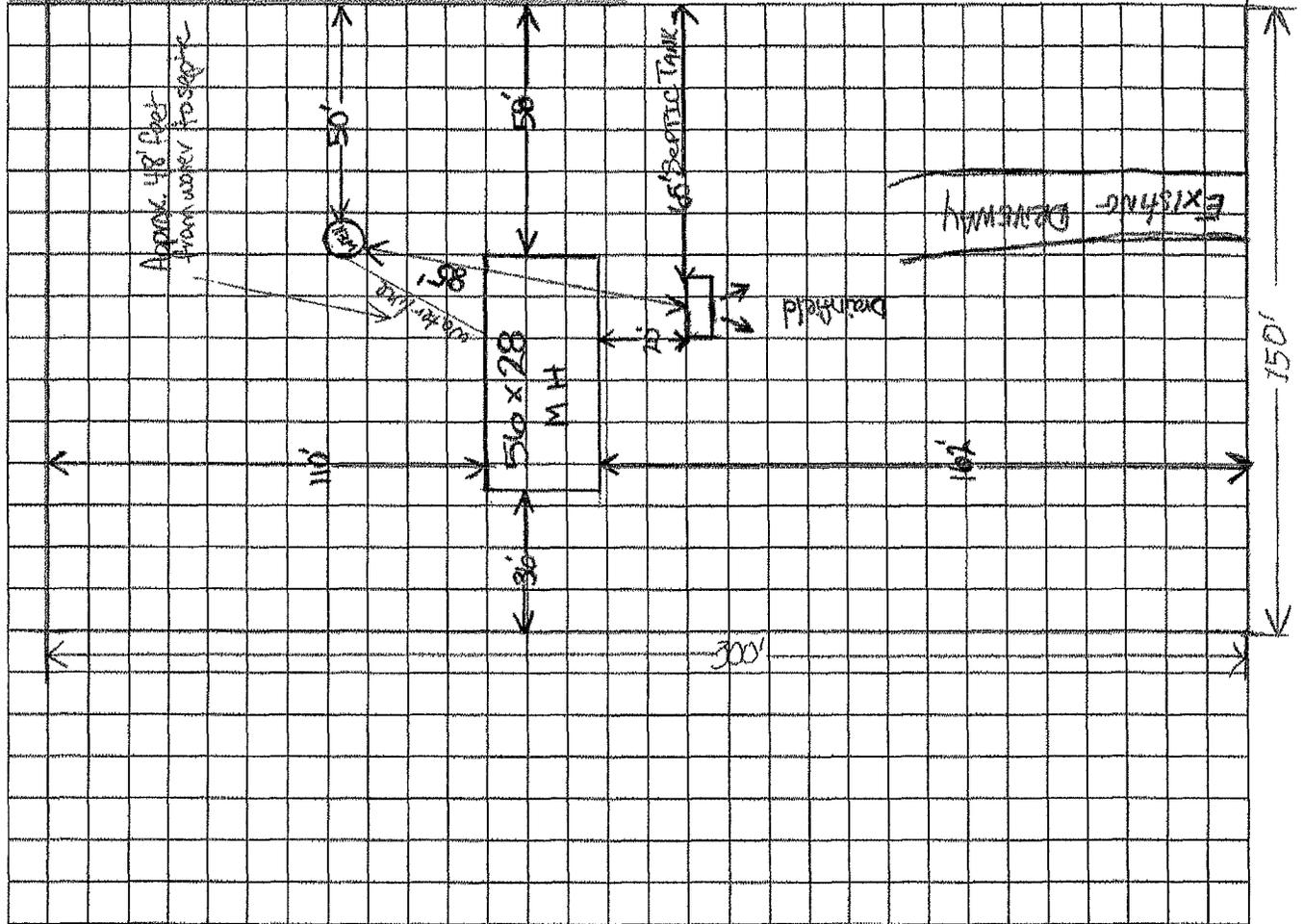
SIGNATURE: Lonnie R North DATE: 4/13/14

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Permit Application Number 14-08125

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

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



Notes: I hope everything is here you need. There is a shed on property that was already supposed to be removed. If its still there when inspected it has already been paid for removal. Thank you again

Site Plan submitted by: Lonnie North

Plan Approved P Not Approved \_\_\_\_\_ Date 4/16/14

By [Signature] Columbia County Health Department

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