



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 22-0487
DATE PAID: 8-1-22
FEE PAID: 20.00
RECEIPT #: 1874145

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐ broughtonradiantco.org

APPLICANT: Christina Houghton

EMAIL: christina.houghton@yahoo.com

AGENT:

TELEPHONE: 352-278-8884

MAILING ADDRESS: 594 SW Barney St High Springs FL 32643

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

OSTDS REMEDIATION PLAN? [Y / N]

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 09-75-17-04961-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10.94 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 594 SW Barney St High Springs FL 32643

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
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1	House	3	2092	ORIGINAL ATTACHED
2	A6 Barn	-	576	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Christina Houghton DATE: 8-8-22

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

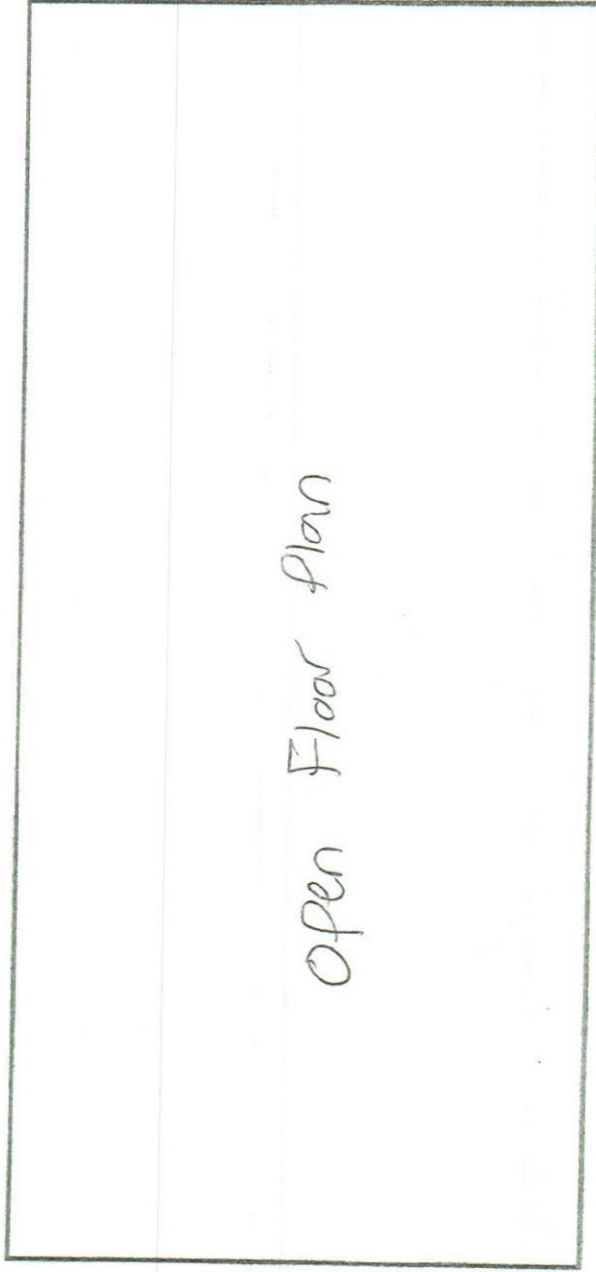
Incorporated 62-6.004, FAC

22-0487

FLOOR PLAN

LENGTH: _____

WIDTH: _____



BEDROOMS: _____ & SQ FOOTAGE OF LIVING AREA: _____ OR Bldg. SQ FOOTAGE: 576

PLEASE NOTE THAT A FLOORPLAN OF YOUR HOME OR STRUCTURE IS REQUIRED. WE DO NOT REQUIRE ACTUAL BLUEPRINTS. IF YOUR DEALER HAS PROVIDED A FLOORPLAN, WE PREFER IT, IF NOT PLEASE SKETCH ONE SHOWING OUTSIDE DIMENSIONS AND INSIDE ROOM LAYOUT.

SHEDS, STORAGE, OR OTHER Bldg.'s MAY BE NOTED AS OPEN FLOORPLAN with no bedrooms or bathrooms

Date: 8/8/22 Submitted By: Chris Stone Hovig/Ken

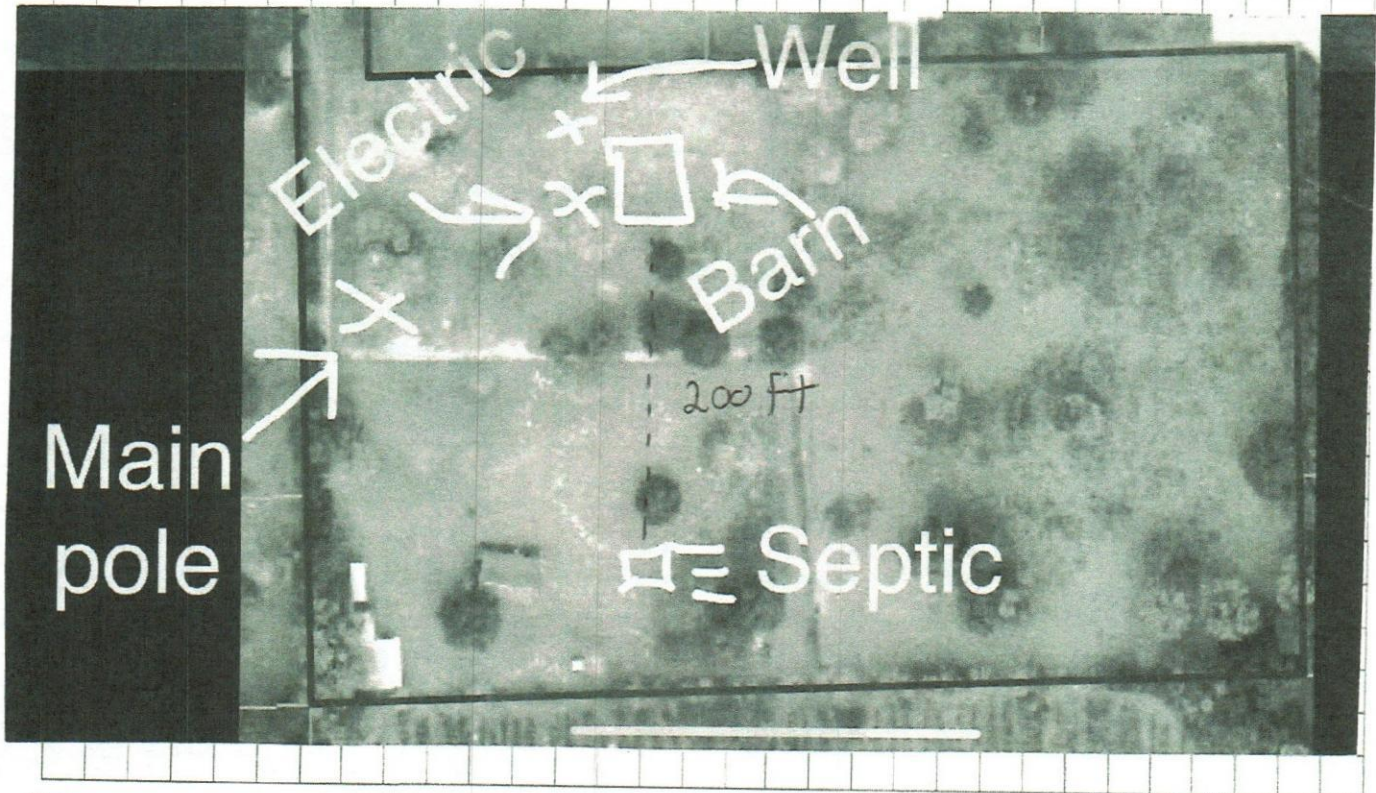
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

22-0487

PART II - SITEPLAN

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



Notes:

Site Plan submitted by: Christina Houghton Agent: _____ Owner: X Date: 8-8-22
Plan Approved ✓ Not Approved _____ Date: 8-15-22
By: Sally Ford EN Director Columbia COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT