



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

PERMIT NO. 20-1047  
DATE PAID: 11/5/21  
FEE PAID: 600.00  
RECEIPT #: 1610230

APPLICATION FOR:

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

APPLICANT: Craig Carter

AGENT: Reed McDaniel Cons./Leslie McDaniel TELEPHONE: 386-752-4072

MAILING ADDRESS: 2230 SE Baya Dr. Ste 101 Lake City FL 32025

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 #: 22-43-17-08661-000 ZONING: A-3 I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 6.44 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 2847 SE County Road 252 Lake City FL 32025

DIRECTIONS TO PROPERTY: Head N on NE Hernando Ave. TL NE Hernando Ave.

TL toward NE Hernando Ave. TR on NE Hernando. TL @ 1st Cross Street  
Onto US-90 E/E Duval St. TR 3 Avalon Ave/SE County Club RD TL SE County RD  
252

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>Carport</u>	<u>0</u>	<u>400</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☒ Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature] DATE: 12-10-2020

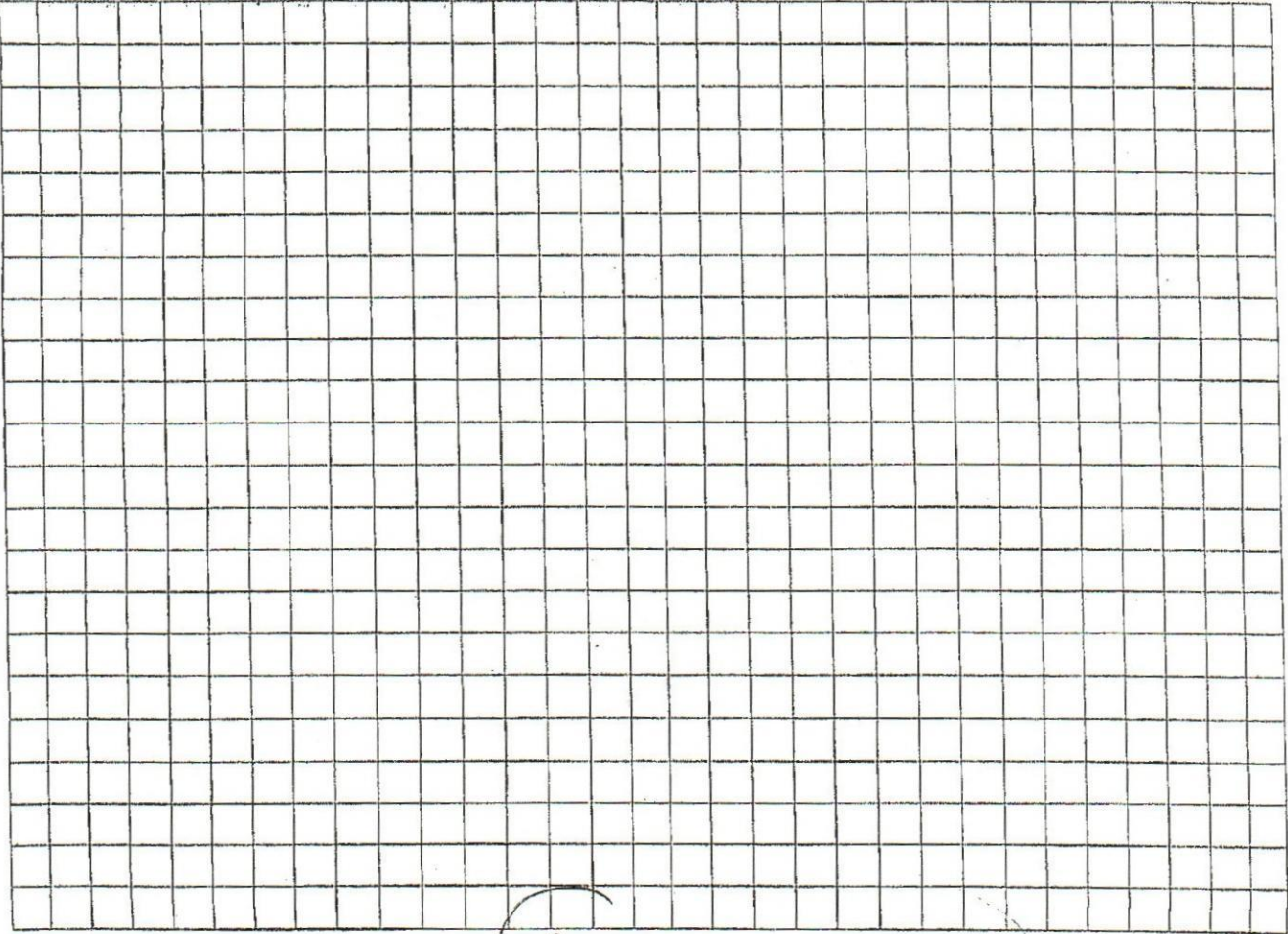


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-1047

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

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



Notes: \_\_\_\_\_

See Attachment

Site Plan submitted by: Reed McDaniel / Leslie McDaniel TITLE Carter DATE 12-28-20

Plan Approved ☒ Not Approved ☐ Date 1/6/21

By   County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



