



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

PERMIT NO. 21-2364
DATE PAID: 4/16/21
FEE PAID: 600.00
RECEIPT #: 1656468

APPLICATION FOR:

[] New System [☒] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Vasily Gusev

AGENT: Brody Pack

TELEPHONE: 5036896563

MAILING ADDRESS: 5083 153rd Rd Live Oak FL 32060

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: 6 BLOCK: _____ SUBDIVISION: Heatherwood PLATTED: _____

PROPERTY ID #: 09-65-17-09630-006 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.07 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 399 Manning Pl Lake City FL

DIRECTIONS TO PROPERTY: South on Testenugsee Ave, (L) on SW Herlong St, (R) on SW Marion Mann Terr (L) on SW Manning Pl

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>PV (old)</u>	<u>1</u>	<u>256</u>	<u>ORIGINAL ATTACHED</u>
2	<u>MH (new)</u>	<u>2</u>	<u>936</u>	
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: _____ DATE: 4/15/21

Permit Application Number.

21-0364

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

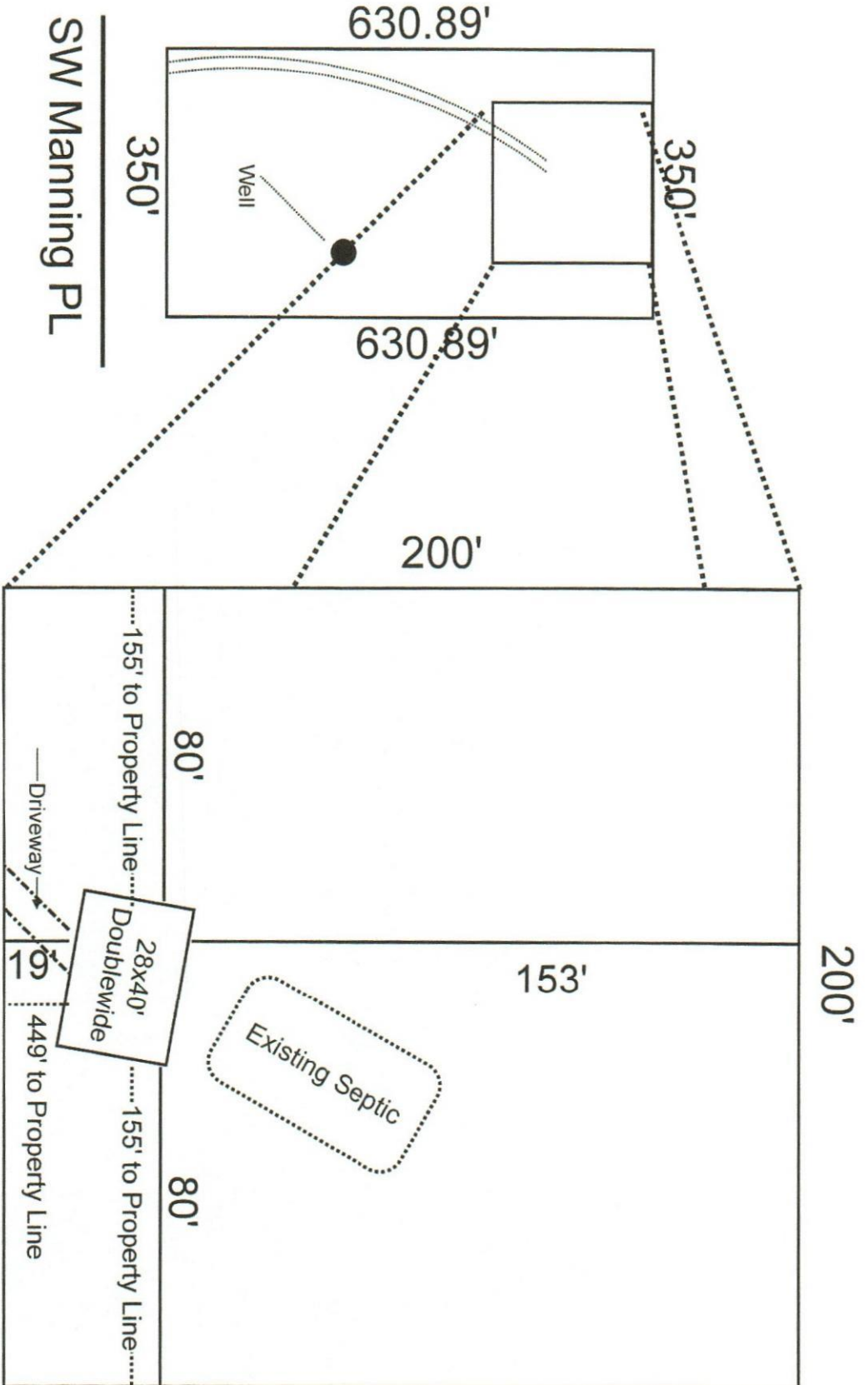
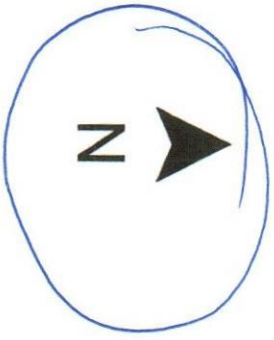
This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are 20 columns and 20 rows of squares, creating a total of 400 square units. The paper is otherwise completely blank, with no margins, text, or other markings.

Notes: _____

Site Plan submitted by: [Signature] Agent: ☒ Owner: _____ Date: 4/15/21
Plan Approved _____ Not Approved _____ Date 4/19/2021
By [Signature] COLUMBIA County Health Department

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)

21-0344



Vasily Gusev

Parcel 09-6S-17-09630-006

Scale 1" = 40'

A handwritten signature in green ink.