



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

PERMIT NO. 22-0586
DATE PAID: 6/30/22
FEE PAID: 60.00
RECEIPT #: 1855354

APPLICATION FOR:

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

APPLICANT: Lake City Park LLC

AGENT: Sonja North TELEPHONE: 803-517-5701

MAILING ADDRESS: 3311 SW State Rd 247 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: _____ BLOCK: _____ SUBDIVISION: LakeCityPark (MHP) PLATTED: _____

PROPERTY ID #: 21-45-17-08651-001 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1.3 ACRES WATER SUPPLY: ☐ PRIVATE ☒ PUBLIC ☐ <=2000GPD ☐ >2000GPD
Community well

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

PROPERTY ADDRESS: 133 SE Patio Gln Lake City

DIRECTIONS TO PROPERTY: L on US-441 S, continue on L on US-441 S, L on SE Patio Gln, (2 lot)

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>mobile home</u>	<u>3</u>	<u>1152</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Sonja North

DATE: 6/22/22

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

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Notes: _____

Site Plan submitted by: Sonia North 6/22/22

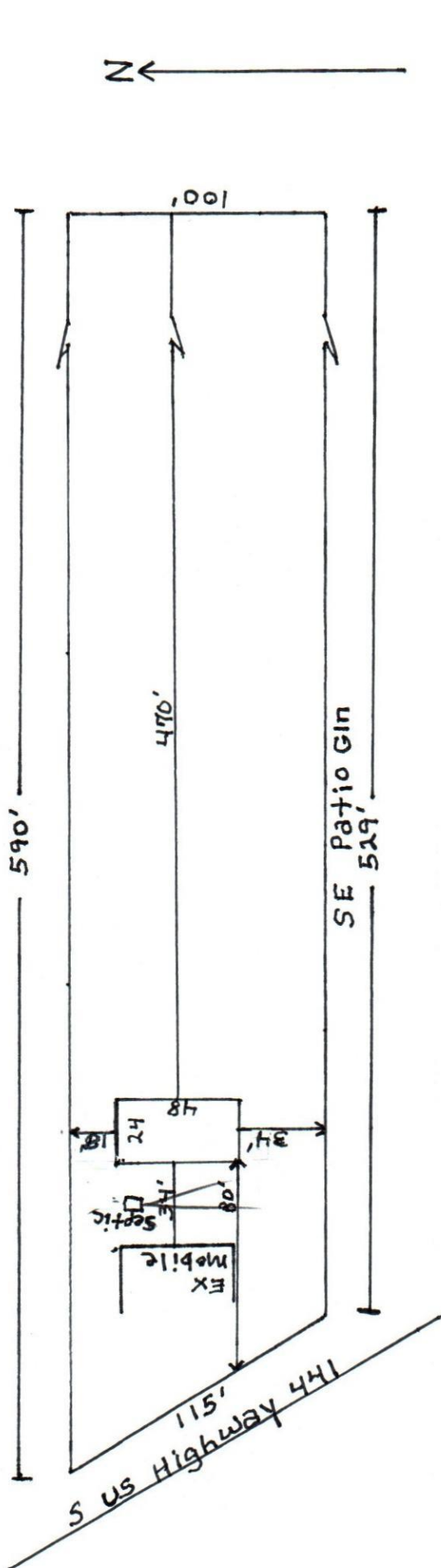
Plan Approved _____ Not Approved _____ Date _____

By _____ 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)

22-0586

Arango



Song North

133 SE Patio Glen
Lake City