



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

PERMIT NO. 20-0495  
DATE PAID: 6/24/20  
FEE PAID: 318.00  
RECEIPT #: 1511641

APPLICATION FOR:

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

APPLICANT: Cameron Chase

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: NA BLOCK: NA SUB: NA PLATTED: \_\_\_\_\_

PROPERTY ID #: 20-4S-16-03077-011 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 6.63 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 4984 SW Birley Ave, Lake City, FL

DIRECTIONS TO PROPERTY: Head W on NE Franklin St, TL onto NW Main Blvd, TR onto US-90 W, TL onto FL-247S, TR onto C.R. 242, TR onto SW Birley Ave.

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 | SF Residential <u>MH</u> | <u>3</u> | <u>1484</u> |  |
|---|--------------------------|----------|-------------|--|

|   |  |  |  |  |
|---|--|--|--|--|
| 2 |  |  |  |  |
|---|--|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| 3 |  |  |  |  |
|---|--|--|--|--|

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

SIGNATURE: William D. Bishop II

DATE: 6/19/2020

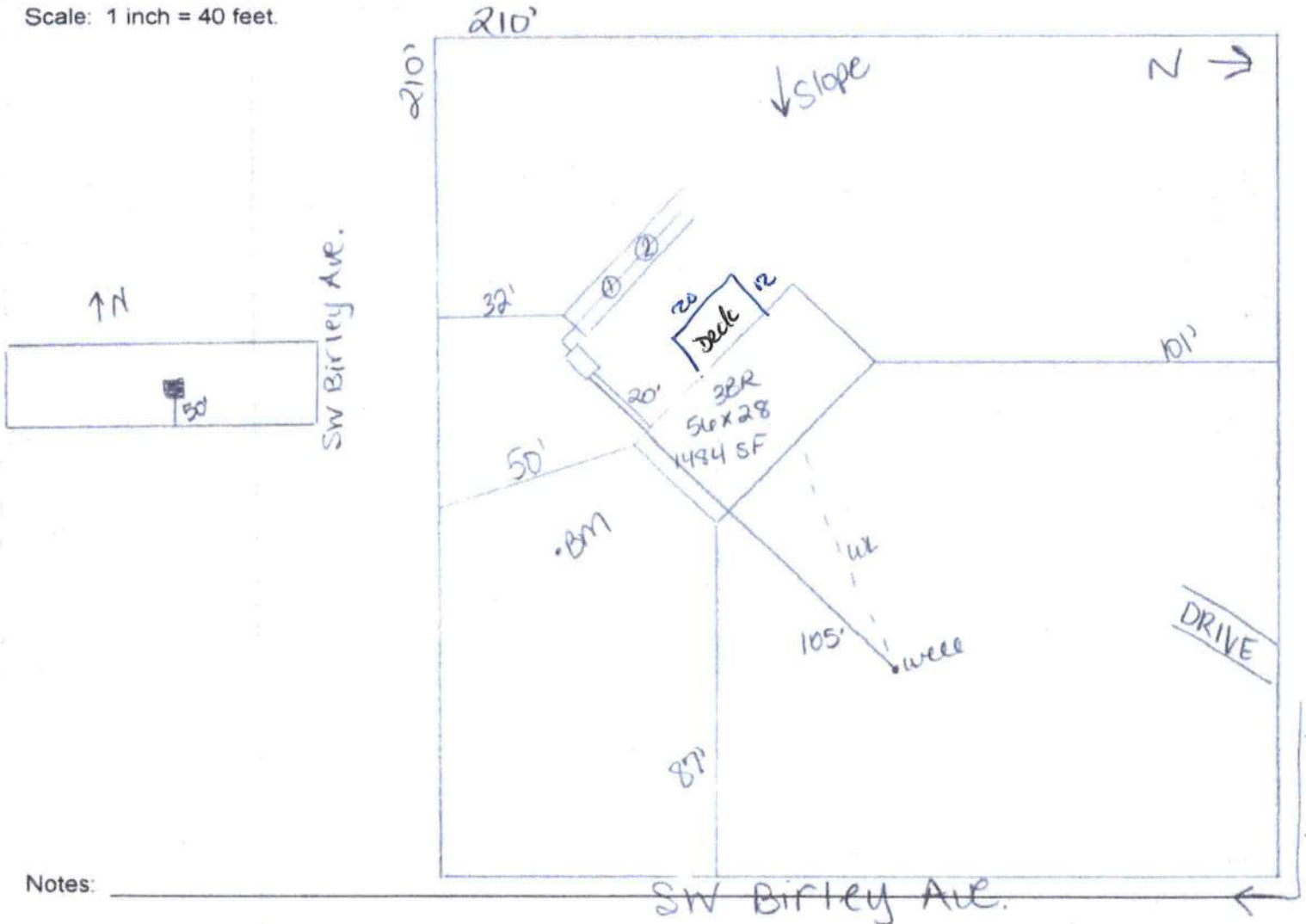
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 20-0495

Chase (ORR)

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



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

Site Plan submitted by: William D. Bishop II MASTER CONTRACTOR  
Plan Approved ☒ Not Approved \_\_\_\_\_  
By Kell Hays Date 6-19-20  
Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT