

SSO 305205533



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

PERMIT NO. 22-0847
DATE PAID: 11-1-22
FEE PAID: 425.00
RECEIPT #: 1909025

APPLICATION FOR:

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

APPLICANT: Verlean Grant King

AGENT: Oda Price

TELEPHONE: 386-963-4298

MAILING ADDRESS: 3360 150th Place 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: N/A BLOCK: N/A SUBDIVISION: N/A PLATTED: N/A

PROPERTY ID #: 27-45-16-03217-002 ZONING: A3 I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 9.31 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: 185 SW Curinton Ct Lake City FL 32024

DIRECTIONS TO PROPERTY: Head N on NE Hernando Ave (D) toward NE Hernando Ave (E) onto NE Hernando (E) 1st Cross St onto US-90
use Duval (D) SW Sisters Welcome Rd. Straight into SW Duval Ave
(D) SW Kings St (D) Curinton Rd

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
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1	<u>Install DW MH</u>	<u>5</u>	<u>4525</u>	<u>proposed new</u>
2			<u>2136</u>	
3				<u>See attached</u>
4				

☒ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Oda Price DATE: 10/7/22

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0897

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

Scale: 1 inch = 40 feet

SEE
ATTACHED
SITE
PLAN

Site Plan submitted by: [Signature]

Plan Approved: [Signature]

Not Approved: _____

TITLE _____

DATE: 10/7/20

Date: 11/7/20

[Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Florida Department of Health (DOH) previous editions which may not be used) incorporated; 64E-5.001, FAC
(Revised) 11-11-2002-4015-01

22-0897

Site
Plan

Color
Print

parcel #

27-45-16-03217-002

King

185 SW Currington Ct.

Lake City FL 32024

N
↑

Scale

1"=40'

