



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

PERMIT NO. 22-0841
DATE PAID: 10/11/22
FEE PAID: 2000
RECEIPT #: 1904909

APPLICATION FOR:

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

APPLICANT: Lee Minson

AGENT: T.J. Prevatt

TELEPHONE: 904-368-9777

MAILING ADDRESS: 800 N Thompson St Starke, FL 32091

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: 18 BLOCK: _____ SUBDIVISION: Fairway View PLATTED: 9/1/92

PROPERTY ID #: 26-3S-16-02308-095 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: .6 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ $\leq 2000\text{GPD}$ ☐ $> 2000\text{GPD}$

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

PROPERTY ADDRESS: 1027 NW Frontier Dr Lake City, FL 32055

DIRECTIONS TO PROPERTY: _____

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	SFR	3	2236	<u>BLIND 1998</u> <u>ORIGINAL ATTACHED</u>
2	In-ground fiberglass pool		15'x34' (5/8)	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 10/7/22

Permit Application Number 22-0841

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

[illegible]

Please see attached site plan

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

22-084

C.S.X. TRANSPORTATION R.R.
(FORMERLY SEABOARD COASTLINE)

