



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

PERMIT NO. 21-0462  
DATE PAID: 5/1/83  
FEE PAID: 40.00  
RECEIPT #: 1264432

APPLICATION FOR:

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

APPLICANT: MARK S. GOODSON

AGENT: OWNER TELEPHONE: 386-303-2491

MAILING ADDRESS: 337 SW TOMPKINS ST 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: 46 BLOCK: \_\_\_\_\_ SUBDIVISION: FIVE ASH FOREST PLATTED: \_\_\_\_\_

PROPERTY ID #: 28-35-16-02376-000 ZONING: MHP I/M OR EQUIVALENT: [ Y/N ]

PROPERTY SIZE: 36 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ]  $\leq 2000$  GPD [ ]  $> 2000$  GPD

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

PROPERTY ADDRESS: 371 NW TURNBERRY DRIVE LAKE CITY FL 32055

DIRECTIONS TO PROPERTY: GO WEST TO BROWN RD. TURN RIGHT GO TO NW TURNBERRY DRIVE TURN RIGHT. FOLLOW TURNBERRY DRIVE TO 7TH LOT ON LEFT.

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>SINGLE/MULTI FAMILY</u>	<u>2</u>	<u>1662</u>	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Mark S Goodson DATE: 4-17-21



## Permit Application Number.

21-0440

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

[illegible]

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

Site Plan submitted by: John H. Goshen Agent: \_\_\_\_\_ Owner: ☒

Date: 5-12-21

Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Date 5/19/21

By \_\_\_\_\_ COLUMBIA County Health Department

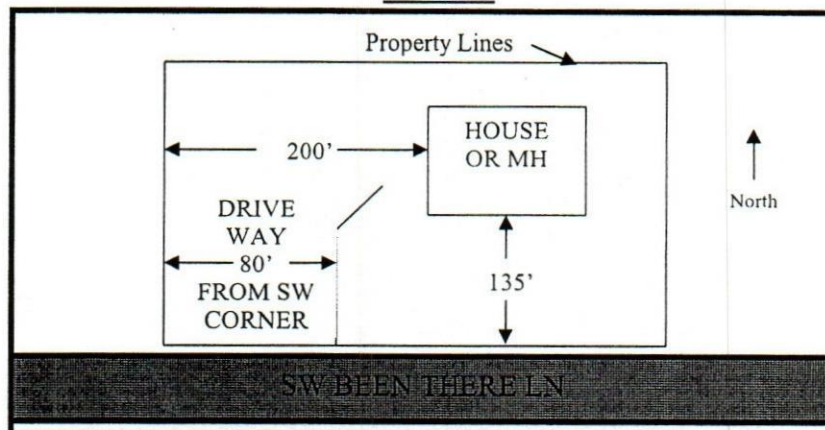
**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

21 0462

## Page 2, Site Plan for 9-1-1 Address Application From

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

### SAMPLE:



### SITE PLAN BOX:

