



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

PERMIT NO. 20-0620
DATE PAID: 8/4/20
FEE PAID: 200.00
RECEIPT #: 1509522

APPLICATION FOR:

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

APPLICANT: Kenneth W. Rhoden

AGENT: _____ TELEPHONE: 904-397-1496

MAILING ADDRESS: 3105 SW State Road 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: _____ PLATTED: _____

PROPERTY ID #: 15-45-16-02987002 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.0 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☒ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 3105 SW State Road 247 Lake City, FL 32024

DIRECTIONS TO PROPERTY: Take State Road 247 From US 90 W

Turn Left on 247 Go approximately 3 miles.

Turn Left at 3105 SW State Road 247

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>RESIDENCE</u>	<u>3</u>	<u>BASE SF 1050 ACTUAL SF 1375</u>	ORIGINAL ATTACHED
2	<u>SHED</u>	<u>0</u>	<u>1300 SF</u>	
3	_____	_____	_____	
4	_____	_____	_____	

☐ Floor/Equipment Drains ☐ Other (Specify) _____ 07-24-2020

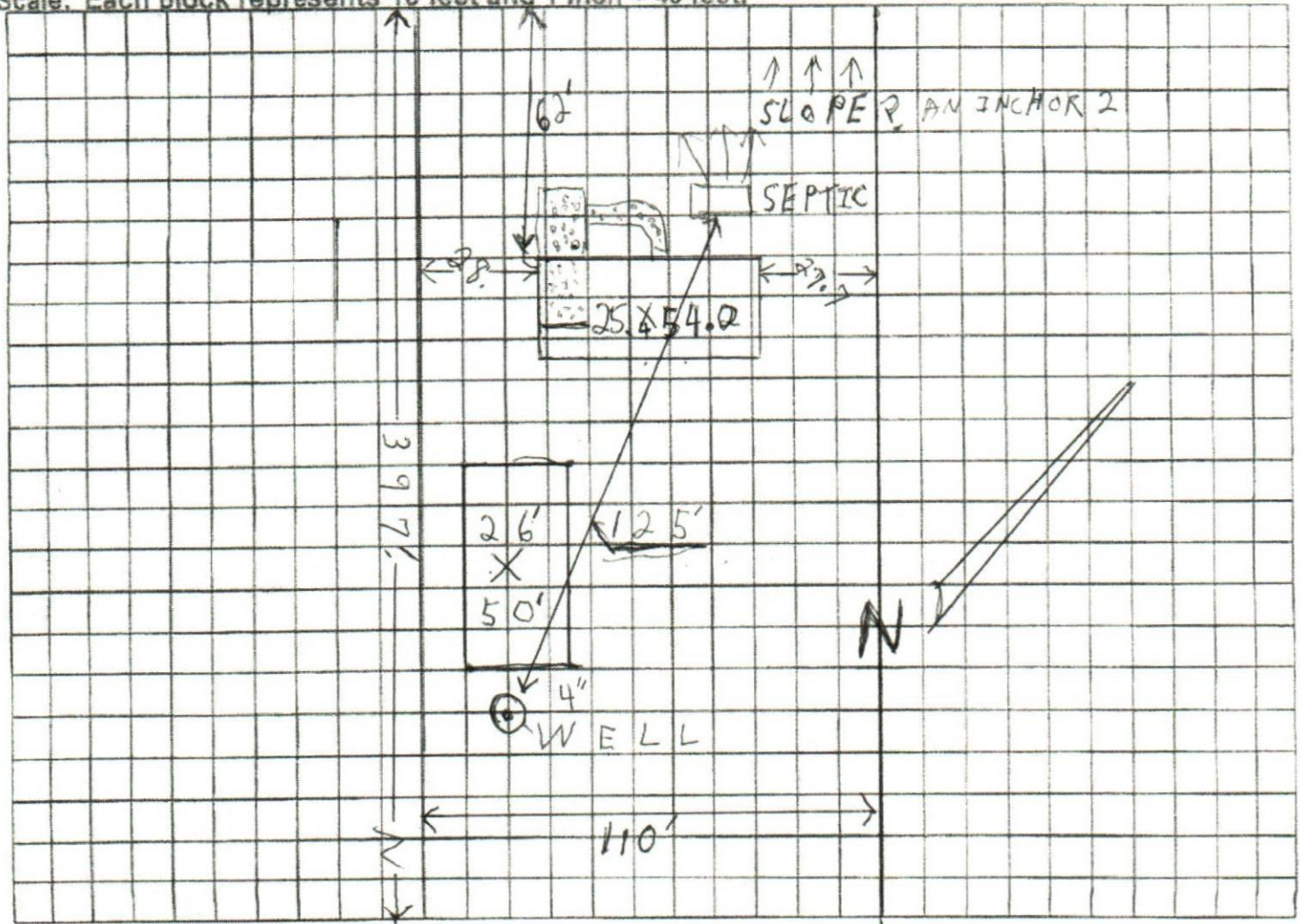
SIGNATURE: Kenneth Rhoden DATE: 07-24-2020

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Permit Application Number 20-0420

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

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



Notes: _____

Site Plan submitted by: Kenneth W Rhoden ^{OWNER} TITLE _____ DATE: 07-24-2020
Plan Approved X Not Approved _____ Date 8/4/20
By [Signature] **Columbia CHD** County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT