



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

PERMIT NO. 20-0575 (56)
DATE PAID: 7/23/20
FEE PAID: 6000
RECEIPT #: 159488

APPLICATION FOR:

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

APPLICANT: Glenwood KingAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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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.

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PROPERTY INFORMATION

LOT: NA BLOCK: NA SUB: NA PLATTED: _____

PROPERTY ID #: 06-4S-16-03025-011 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 220 SW Leather Ct, Lake City, Fl

DIRECTIONS TO PROPERTY: 247 S, TR on Tamarac, TL on Legion, TR on Leather Ct, off
end of pavement, metal gate on right

BUILDING INFORMATION

[X] 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	2	1730	ORIGINAL ATTACHED
2				
3				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: William D. Bishop II DATE: 7/16/2020

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

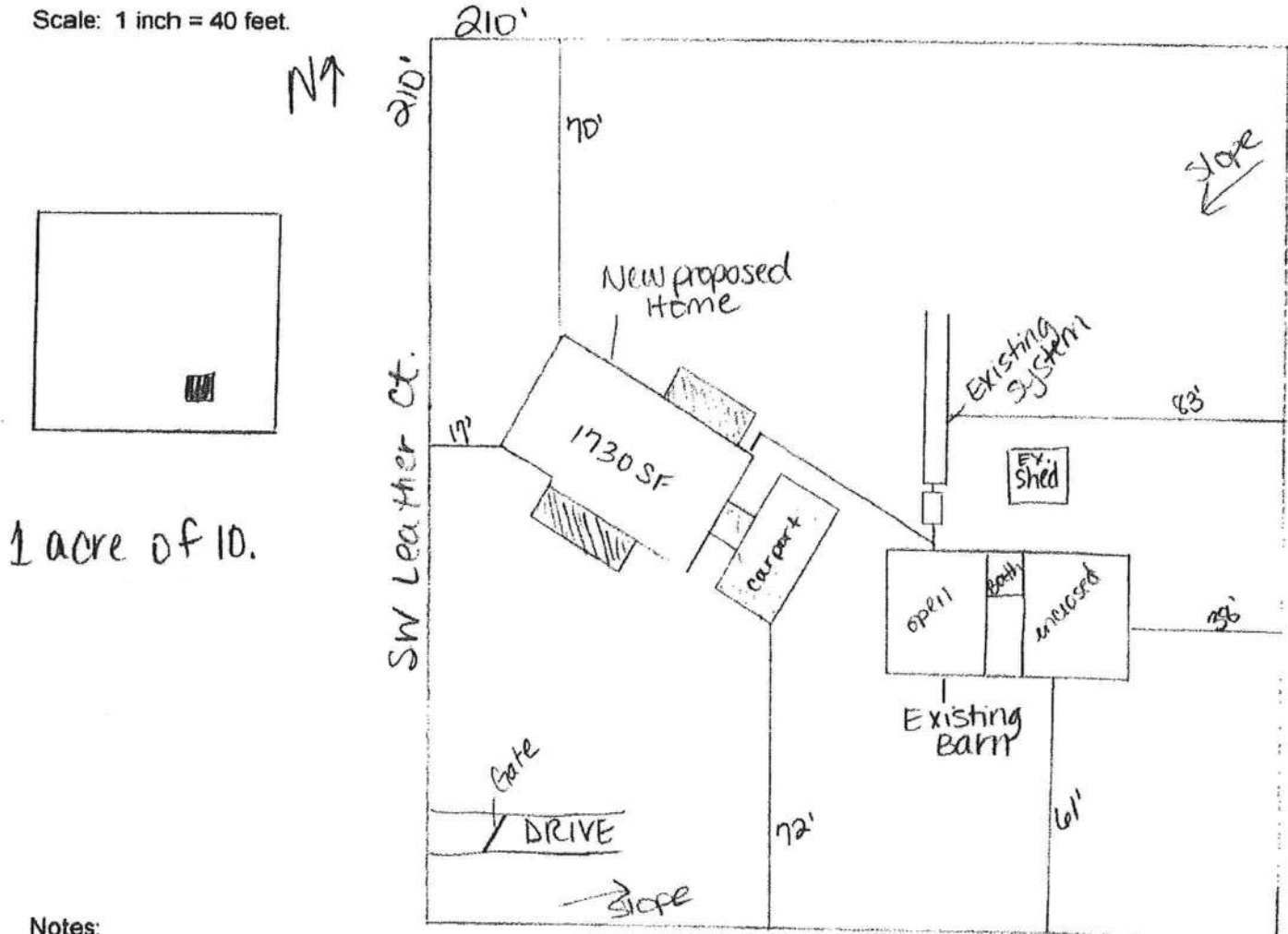
**STATE OF FLORIDA
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APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 20-2575

King

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

Scale: 1 inch = 40 feet.



Notes: _____

1 acre of 10.

Site Plan submitted by: William D. Bishop Jr.

Plan Approved X Not Approved _____

By [Signature] **Columbia CHD** MASTER CONTRACTOR Date 7-16-20 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT