



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

PERMIT NO. 20-0613
DATE PAID: 8/5/20
FEE PAID: 60.00
RECEIPT #: 1529702

APPLICATION FOR:

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

APPLICANT: Susan Murray

AGENT: H & L Customer Service, LLC

TELEPHONE: 386 984-9334

MAILING ADDRESS: 301 SW Faul CT Lake City FL 32024
Lamanda.Moke@gmail.com

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: 14 BLOCK: A SUBDIVISION: West Lake City Hills PLATTED: _____

PROPERTY ID #: 34-35-16-02507-001 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N]

PROPERTY SIZE: 0.94 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐] <=2000GPD ☐] >2000GPD

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

PROPERTY ADDRESS: 270 Divider Ter. Lake City FL 32055

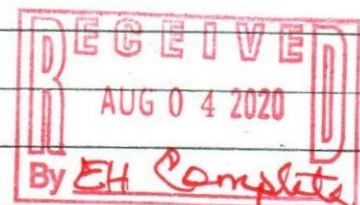
DIRECTIONS TO PROPERTY: ① onto NE Madison St, ① onto N. Marion Ave,
② onto W. Duval St, ③ onto NW Lake City Ave, ② onto NW Apple Ln
① onto NW Divider Terr. destination on left.

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
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1	<u>Old Home</u>	<u>3bed / 2bed</u>	<u>1456 sqft.</u>	
2	<u>New Home MH</u>	<u>3bed / 2bath</u>	<u>1280 sqft.</u>	
3				
4				



☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 7/30/20

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

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

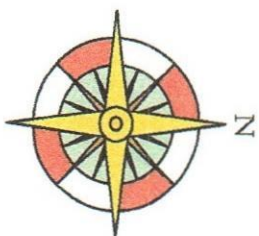
See
attached
Please.

Notes: _____

Site Plan submitted by: [Signature] TITLE Agent DATE: 8/3/20
Plan Approved X Not Approved _____ Date 8/6/20
By: [Signature] **Columbia CHD** County Health Department

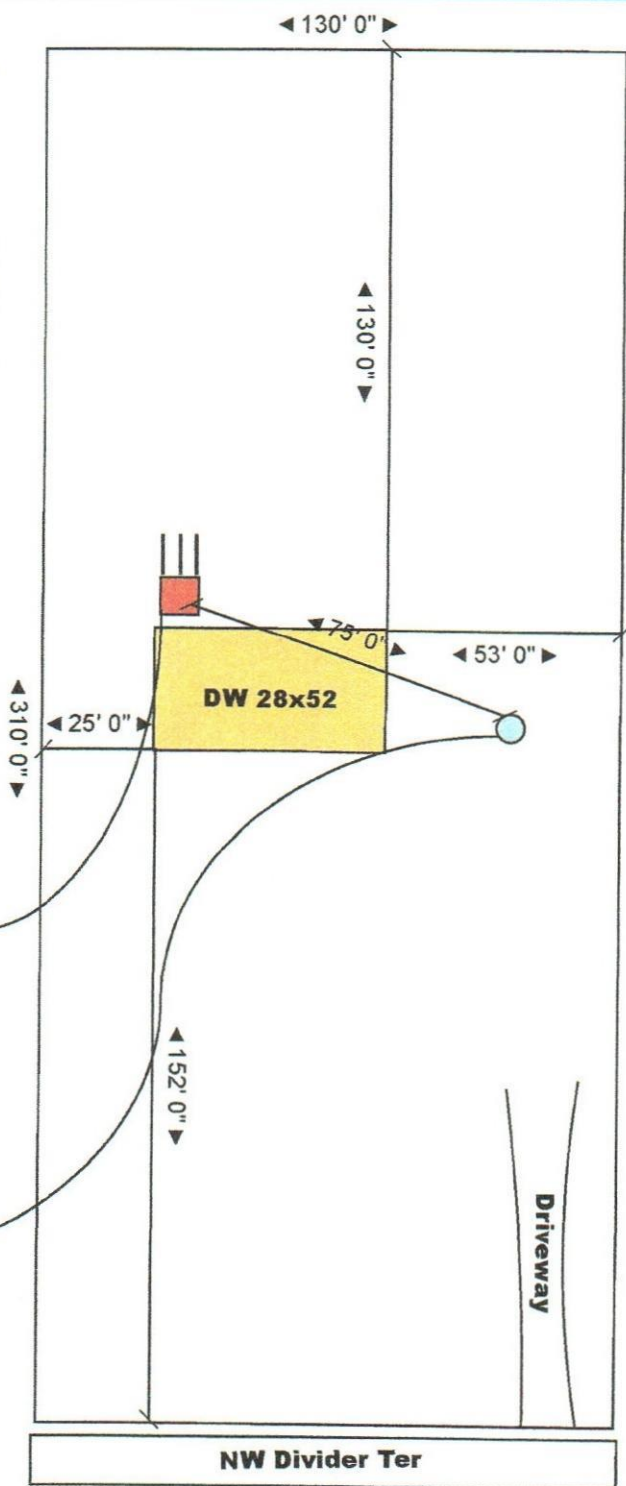
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20-0613



Parcel ID: 34-3S-16-02507-001

Existing Septic
Existing Well



Site:

270 Divider Ter, Lake City

Drawing:

80270

Project:

0000270

Drawn:

Heide M

Notes:

Title:

Susan Murray

Scale:

1"=40'

Date:

07/15/20

Rev:

A

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