



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

PERMIT NO. 14-0458E
DATE PAID: 5/2/14
FEE PAID: 60.00
RECEIPT #: 1145625

APPLICATION FOR:

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

APPLICANT: Michael Mattox

AGENT: _____ TELEPHONE: 386-209-2384

MAILING ADDRESS: 269 SW Plateau Glen, 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: 37 BLOCK: C SUBDIVISION: Wise Estates PLATTED: 4/12/04

PROPERTY ID #: 24-45-16-03113-167 ZONING: Res I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 1.66 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] ☐ <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: 58' FT

PROPERTY ADDRESS: 269 SW Plateau Glen, Lake City, FL 32024

DIRECTIONS TO PROPERTY: 90W, (L) CR-341, (L) CR-242, (L) Wise Dr,
(L) Gardner Terr, (R) Plateau Glen, Last on left of
Cul-de-sac.

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>Metal Storage Building</u>	<u>0</u>	<u>1260</u>	<u>No Plumbing</u>
2				
3				
4				

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

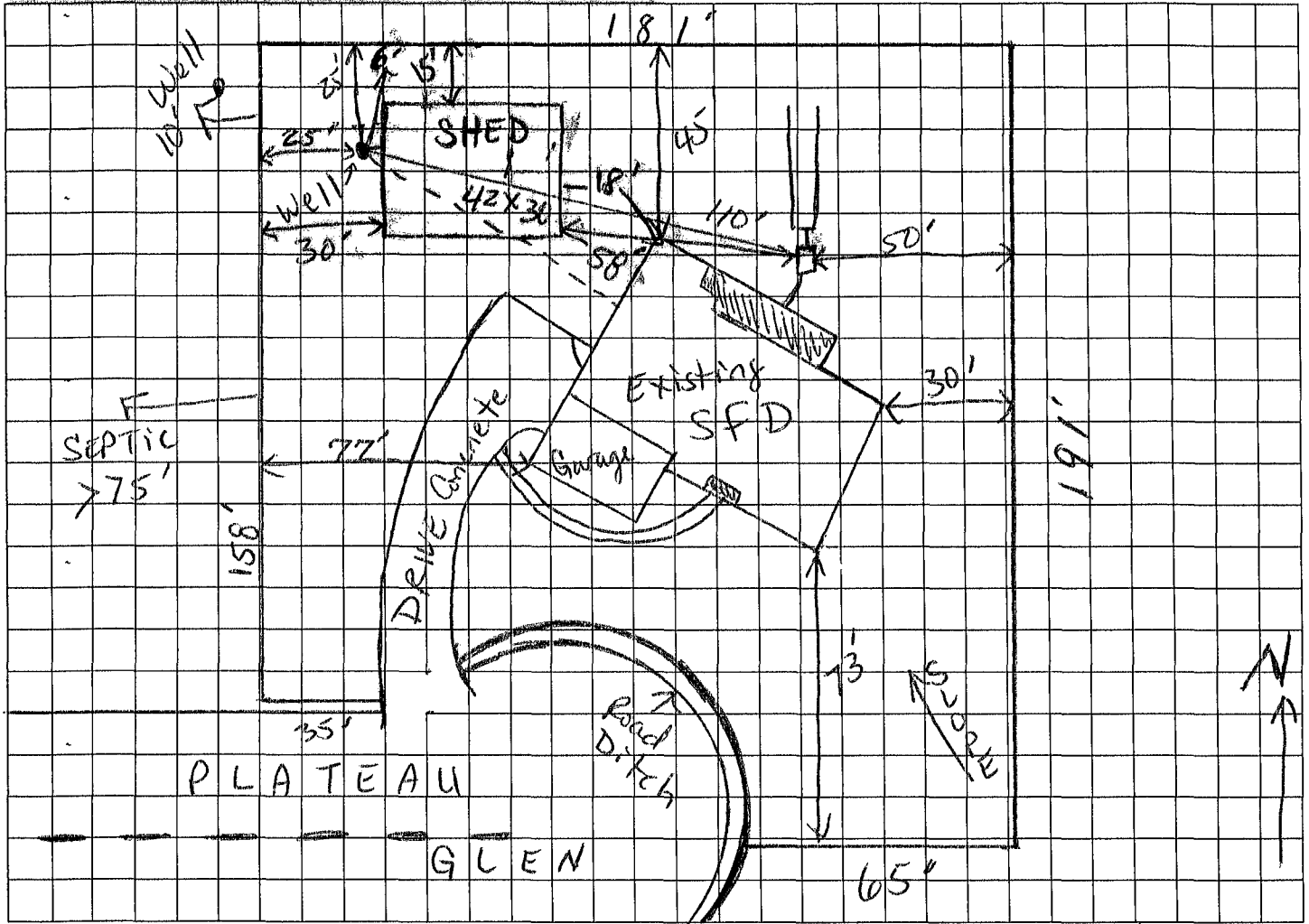
SIGNATURE: [Signature] DATE: 5/1/14

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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 14-0258E

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

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



Notes. _____

Site Plan submitted by: [Signature] 5-1-14
Plan Approved [Signature] Not Approved _____ Date 5/7/14
By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SF