

our 12 - 99@yahoo.com



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

40453

PERMIT NO. 19-0813
DATE PAID: 11/14/19
FEE PAID: 1010.00
RECEIPT #: 1451808

APPLICATION FOR:

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

APPLICANT: JOHN E. SPARKS Clay

AGENT: TELEPHONE: 954-868-9432

MAILING ADDRESS: 14936 22ND RD N LOXAHATCHEE, FL 33470

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

Tract 17 LOT: BLOCK: SUBDIVISION: AC Milton PLATTED: UNREC

PROPERTY ID #: 32-5S-17-09475-117 ZONING: Ag I/M OR EQUIVALENT: [Y] (N)

PROPERTY SIZE: 10.02 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 308 SW STALLION GUN LAKE CITY FL 32024

DIRECTIONS TO PROPERTY: From CR 349 & 131 E on 349 TO EQUESTRIAN-S-
TO STALLION GUN-E- TO 308 (3RD PROPERTY ON RIGHT.

* ENTER AT 268 SW STALLION GUN

BUILDING INFORMATION

[X] RESIDENTIAL [] COMMERCIAL

Unit Type of No. of Building Commercial/Institutional System Design
No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Ag. barn	0	1800	
2				
3				
4				

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

SIGNATURE: DATE: 11/15/19

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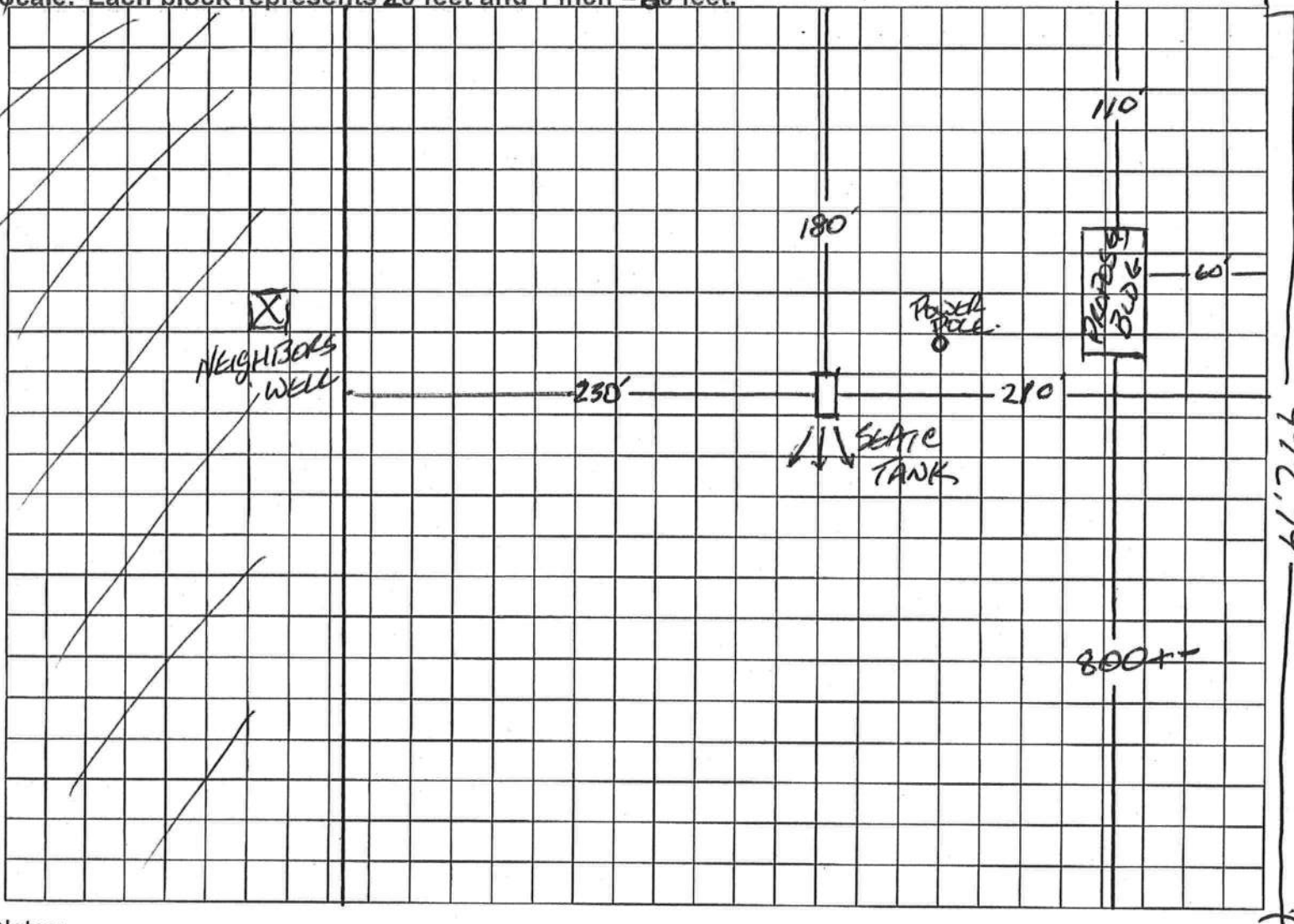
Permit Application Number 19-0813

* SCALE IS CHANGED 10.02 ACRES

PART II - SITEPLAN

448.79

* Scale: Each block represents 20 feet and 1 inch = 80 feet.



Notes: _____

Site Plan submitted by: [Signature] OWNER TITLE

DATE: 11/5/19

Plan Approved [Signature] Not Approved _____

Date 11/13/19

By [Signature] Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT