



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

PERMIT NO. 23-0013
DATE PAID: 11/8/23
FEE PAID: 14295.88
RECEIPT #: 14295.88

APPLICATION FOR:

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

APPLICANT: Christopher Coleman

AGENT: Bryan Zecher Construction

TELEPHONE: 386-752-8653

MAILING ADDRESS: 2370 SW SR 47, Lake City, FL 32025

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: 22-24 BLOCK: N/A SUBDIVISION: Oaks of Lake City PLATTED: _____

PROPERTY ID #: 15-5S-17-09280-122 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 3.03 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 699 SW Mandiba Drive, Lake City, FL 32024

DIRECTIONS TO PROPERTY: 441 south to Tustenuggee Ave, right on Mandiba property address is on the 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
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1	SF Residential	3	2551	ORIGINAL ATTACHED
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2	addition		153	
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3				
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4				
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[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: _____ DATE: 12/30/22

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

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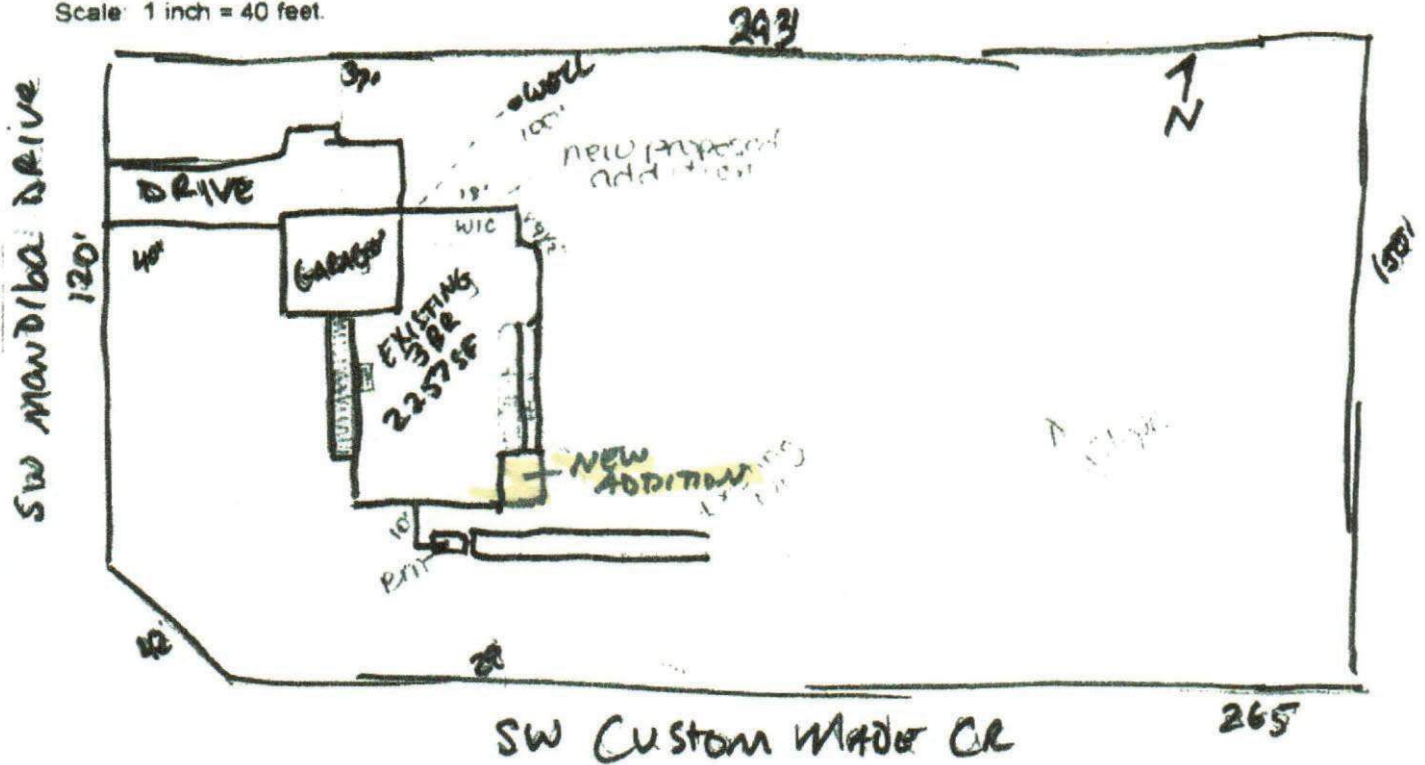


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----- PART II - SITEPLAN -----

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: _____ TITLE _____ DATE: 1/5/23
Plan Approved ✓ Not Approved _____ Date 1/10/23
By [Signature] _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT