



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

PERMIT NO. 22-0511
DATE PAID: 4/4/22
FEE PAID: 65.00
RECEIPT #: 184942

APPLICATION FOR:

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

APPLICANT:

José Rueda

AGENT:

TELEPHONE: 786 262 0581

MAILING ADDRESS:

362 SW Birley Ave, 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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 32-35-16-02428-002 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.3 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 362 SW Birley Ave, Lake City, FL 32024

DIRECTIONS TO PROPERTY: 90 W to SW birley (L) to house on Right

BUILDING INFORMATION

Home based business
[] 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>Workshop</u>		<u>1200</u>	<u>shed</u>
2				<u>Built 1981 unknig</u>
3				
4				

[] Floor/Equipment Drains [☒ Other (Specify) only one 1/2 Bathroom

SIGNATURE: _____

DATE: 06/06/2022

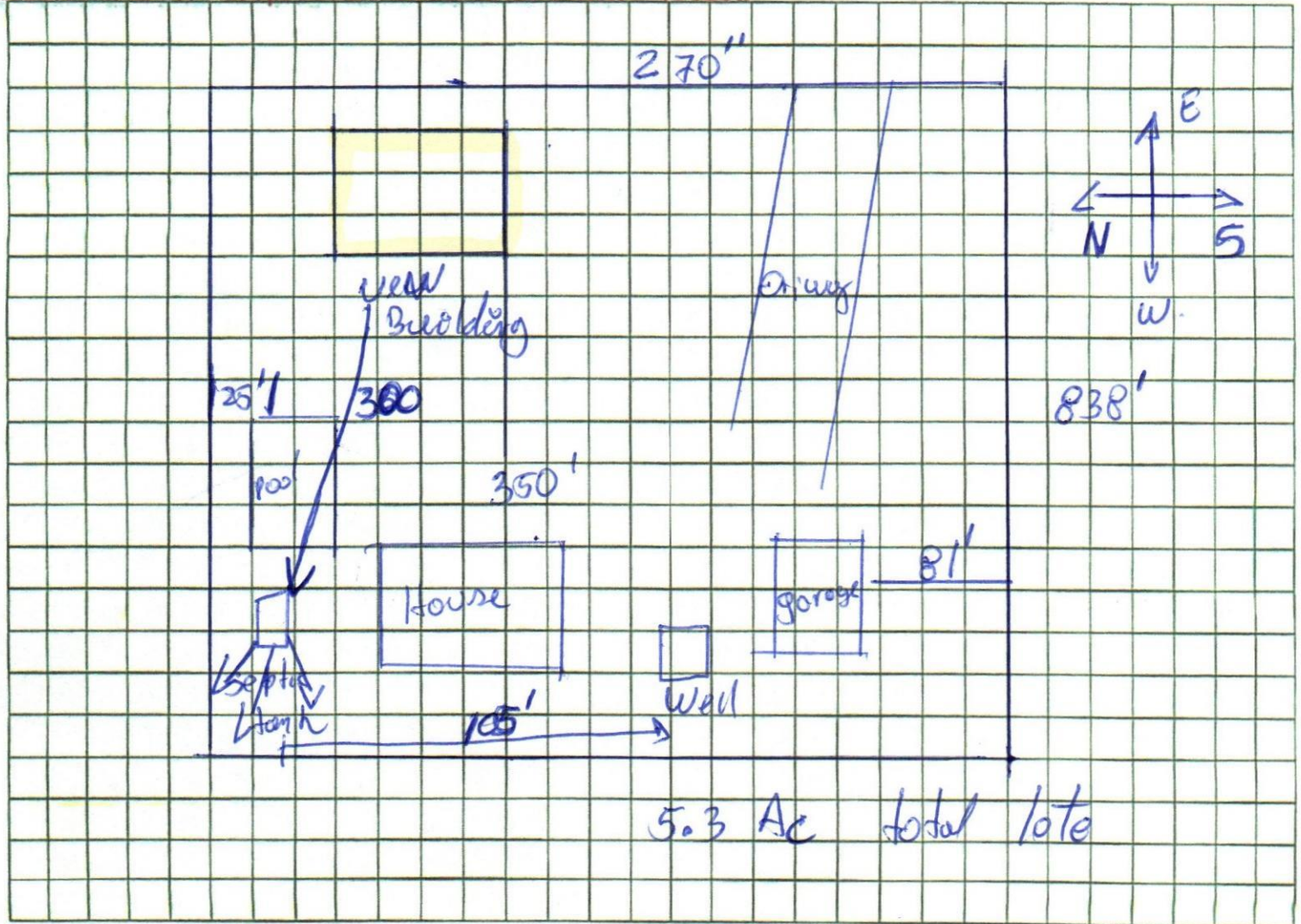
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PART II - SITEPLAN

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



Notes:

Site Plan submitted by:

TITLE

DATE:

06/06/2022

Plan Approved

X

Not Approved

Date

6/14/22

By

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

