



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

PERMIT NO. 20-0617  
DATE PAID: 8/3/20  
FEE PAID: 610.00  
RECEIPT #: 1529358

APPLICATION FOR:

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

APPLICANT: Everett Hershman

AGENT: Dale Burd / Dale Burd LLC

TELEPHONE: 386-365-7674

MAILING ADDRESS: 20619 County Road 137, 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: 2 BLOCK: NA SUBDIVISION: Parnell Hills Unit 1 PLATTED: NA

PROPERTY ID #: 10-3S-16-02055-002 ZONING: NA I/M OR EQUIVALENT: [ No ]

PROPERTY SIZE: 1.11 ACRES WATER SUPPLY: [ ☒ ] PRIVATE PUBLIC [ ]  $\leq 2000$  GPD [ ]  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ No ] DISTANCE TO SEWER: na FT

PROPERTY ADDRESS: 200 NW Honeysuckle Way, Lake City, FL, 32055

DIRECTIONS TO PROPERTY: US 90 West, TR Lake Jeffery Road, TR Honeysuckle Way, 2nd lot 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
1	SF Residential <u>MA</u>	<u>3</u>	<u>1820</u>	<u>3 BR for 3 BR Like for Like</u>
2				<u>ORIGINAL ATTACHED</u>
3				
4				

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

SIGNATURE: [Signature]

DATE: 8/1/2020

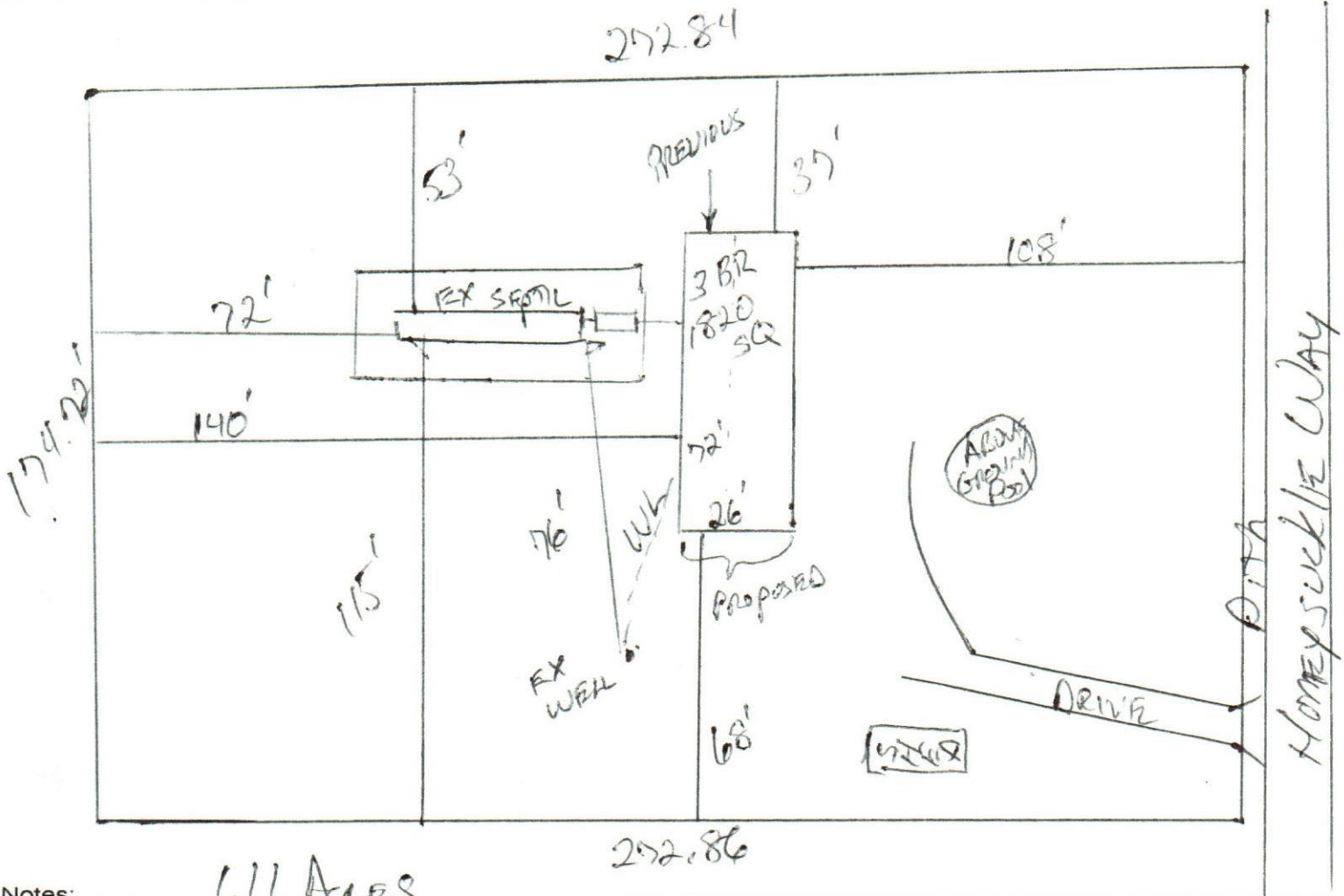


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Permit Application Number 20-0617

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

Scale: 1 inch = 40 feet.



Notes: 1.11 Acres

Site Plan submitted by: [Signature]

Plan Approved X

By [Signature]

Not Approved \_\_\_\_\_

**Columbia CHD**

CONTRACTOR

Date 8/4/20

County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

