



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

PERMIT NO: 21-0201
DATE PAID: 3/11/21
FEE PAID: 200.00
RECEIPT #: 1634072

APPLICATION FOR:

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

APPLICANT: DAN SALISBURY

AGENT: _____ TELEPHONE: 517-898-8187

MAILING ADDRESS: 4204 SW PINEMOUNT RD 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 #: 01-45-15-00314-005 ZONING: RS I/M OR EQUIVALENT: [Y] ☒ [N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] ≤ 2000 GPD [] > 2000 GPD

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

PROPERTY ADDRESS: 4204 SW PINEMOUNT RD

DIRECTIONS TO PROPERTY: _____

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>Storage Bldg</u>	<u>—</u>	<u>1560</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

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

SIGNATURE: Dan Salisbury DATE: 2-26-21

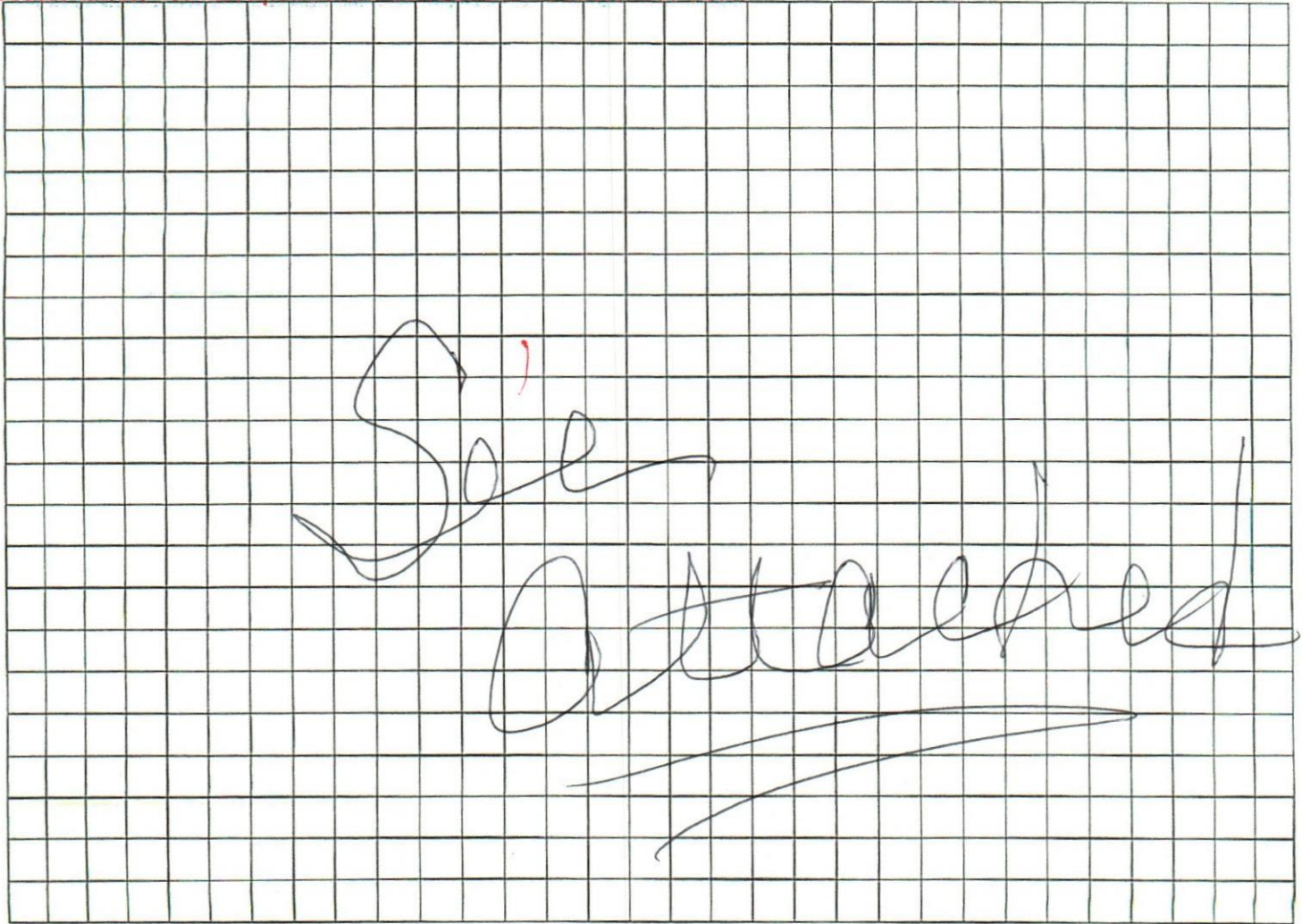
d.salisbury3@aol.com

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Permit Application Number 21-0001

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

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



Notes: _____

Site Plan submitted by: Don Salinity TITLE owner DATE: 2-26-21

Plan Approved _____ Not Approved _____ Date 3/3/2024

By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

