



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

PERMIT NO. 14-0219E  
DATE PAID: 4/15/14  
FEE PAID: 125.00  
RECEIPT #: 1143474

## APPLICATION FOR:

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

APPLICANT: STEPHEN JONESAGENT: Robert Milner(386)  
TELEPHONE: 292-9295MAILING ADDRESS: 235 S.W. EVA TERRACE, LAKE CITY, 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 #: 28-45-16-03234-002 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]PROPERTY SIZE: \_\_\_\_\_ ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 235 S.W. EVA TERRACE, Lake City, FL.DIRECTIONS TO PROPERTY: OUT BRANFORD HWY. (TOWARD BRANFORD) left on HWY. 242, 1st div rd. on right 1st house on left (look for Pool Co. sign by street).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	Concrete Swimming Pool			
2	SFR	3	2158	
3				
4				

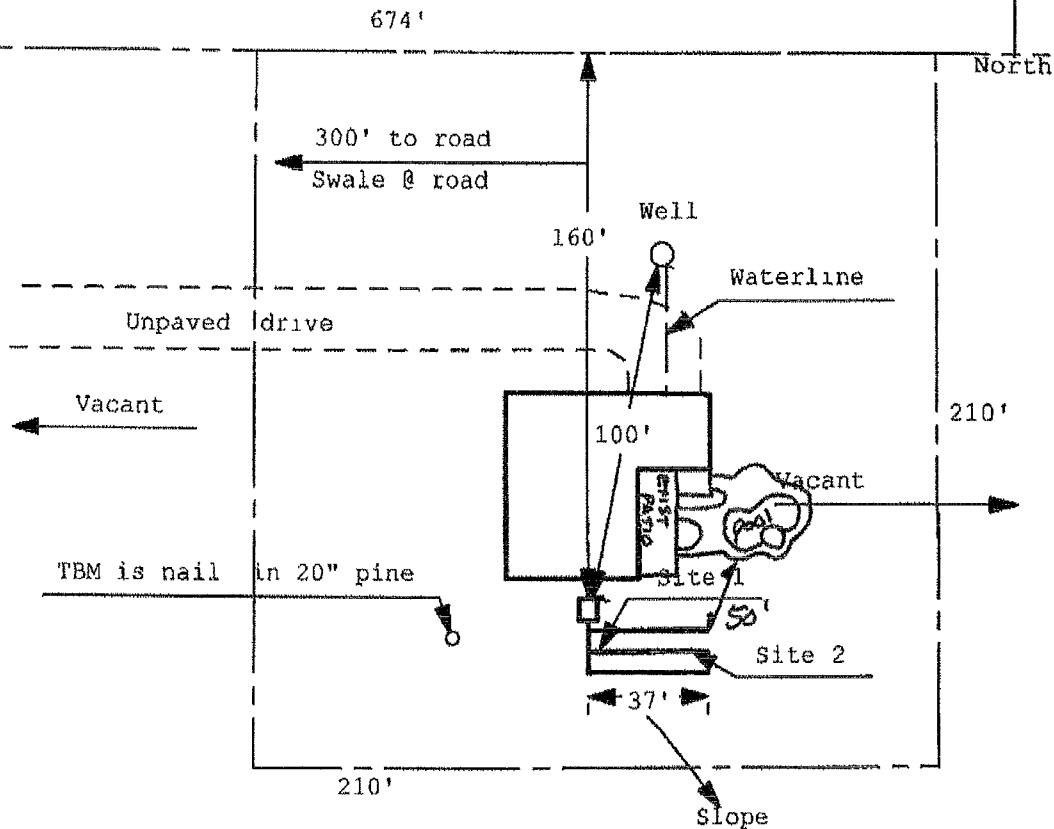
☐ Floor/Equipment Drains ☒ Other (Specify) \_\_\_\_\_SIGNATURE: Robert Milner / agentDATE: 4/15/2015

**Application for Onsite Sewage Disposal System  
Construction Permit. Part II Site Plan**  
Permit Application Number: 12-8319E

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

BAKER/CR 07-4334

Occupied  
>75' to well



Occupied  
>75' to well

1 inch = 50 feet

Site Plan Submitted By Robert M. Iner Agent Date 4/15/14  
Plan Approved X Not Approved \_\_\_\_\_ Date 4/15/14

By [Signature] [Signature] CPHU

Notes: \_\_\_\_\_