



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

PERMIT NO. 20-0784
DATE PAID: 9/29/20
FEE PAID: 60.00
RECEIPT #: 1581204

APPLICATION FOR:

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

APPLICANT: Steven Burnette

AGENT: Steven Burnette

TELEPHONE: 386-867-3143

MAILING ADDRESS: 263 NE Windall Lane Lake City, FL 32055

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: 9 BLOCK: _____ SUBDIVISION: Pine needles estate's PLATTED: _____

PROPERTY ID #: 20-35-17-05253-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.4 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [☒] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 263 Ne windall Ln Lake city FL 32055

DIRECTIONS TO PROPERTY: Lot 9 Pine needles estates S/D ex 100ft off north side. Hwy 441 North. Turn (R) on NE Windall Lane. Home / Lot # 263 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	mobile Home	3	1,456	28 x 56
2				2011 - Ex
3				2002 - R
4				

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

SIGNATURE: [Signature] DATE: 9-24-20

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

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

See Attached

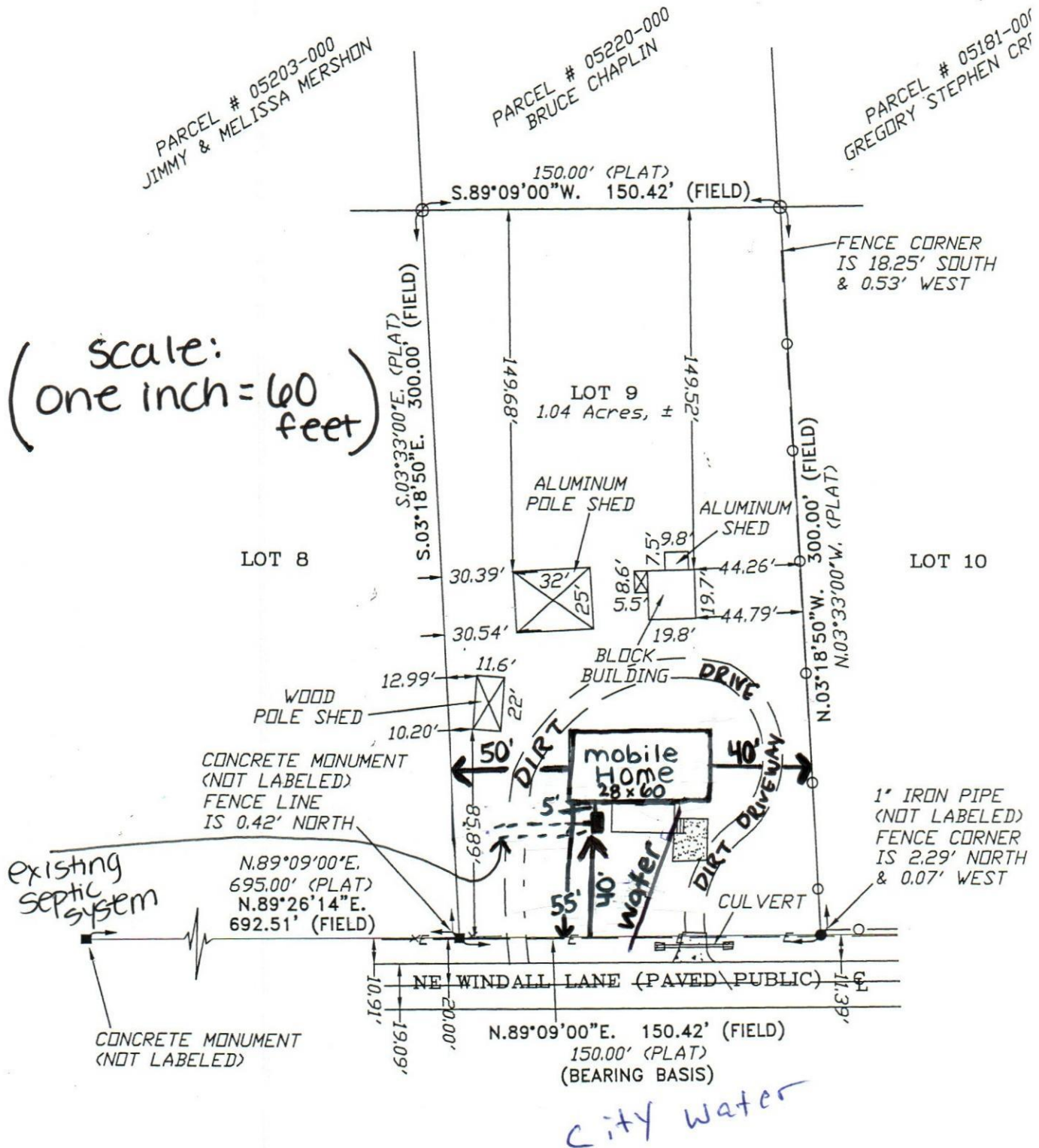
Notes: _____

✓ Site Plan submitted by: [Signature] Agent: _____ Owner: ☒ Date: _____
Plan Approved ☒ Not Approved _____ Date: _____
By [Signature] [Signature] COLUMBIA County Health Department
9/30/20

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20-0784

Scale:
(one inch = 60 feet)



CERTIFIED TO:
STEVEN BURNETTE

FIELD BOOK: SEE PAGE(S): FILE

SURVEYOR'S

I HEREBY CERTIFY THAT THIS SURVEY WAS MADE IN
TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA
IN CHAPTER 5J-17, FLORIDA ADMINISTRATIVE CODE,

05/31/20
FIELD SURVEY DATE

06/09/20
DRAWING DATE

NOTE: UNLESS IT BEARS THE ORIGINAL SIGNATURE AND TITLE
AND MAPPER THIS DRAWING, SKETCH, PLAT OR MAP

Handwritten text, possibly a title or note, located in the upper right quadrant of the page.



Handwritten text, possibly a label or note, located in the lower right quadrant of the page.