



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

PERMIT NO. 20-0830
DATE PAID: 10/14/20
FEE PAID: 31000
RECEIPT #: 1585754

APPLICATION FOR:

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

APPLICANT: Ashley BeckmanAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: 23 BLOCK: NA SUB: Forest Country 6th Addition PLATTED: _____PROPERTY ID #: 22-4S-16-03087-123 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ NPROPERTY SIZE: 0.73 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ $\leq 2000\text{GPD}$ ☐ $> 2000\text{GPD}$ IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: NA FTPROPERTY ADDRESS: 426 Pinehurst Drive, Lake City, FL

DIRECTIONS TO PROPERTY: W. on NE Franklin St, TL onto NW main Bldg, TR onto US-90W, TL onto FL-247S, TL onto SW Monk Way, TR onto Longleaf Blvd, TL onto SW Pinehurst Dr, prop. on right.

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	3	2140	
2				
3				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Rocky D 7 DATE: 10/15/2020

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

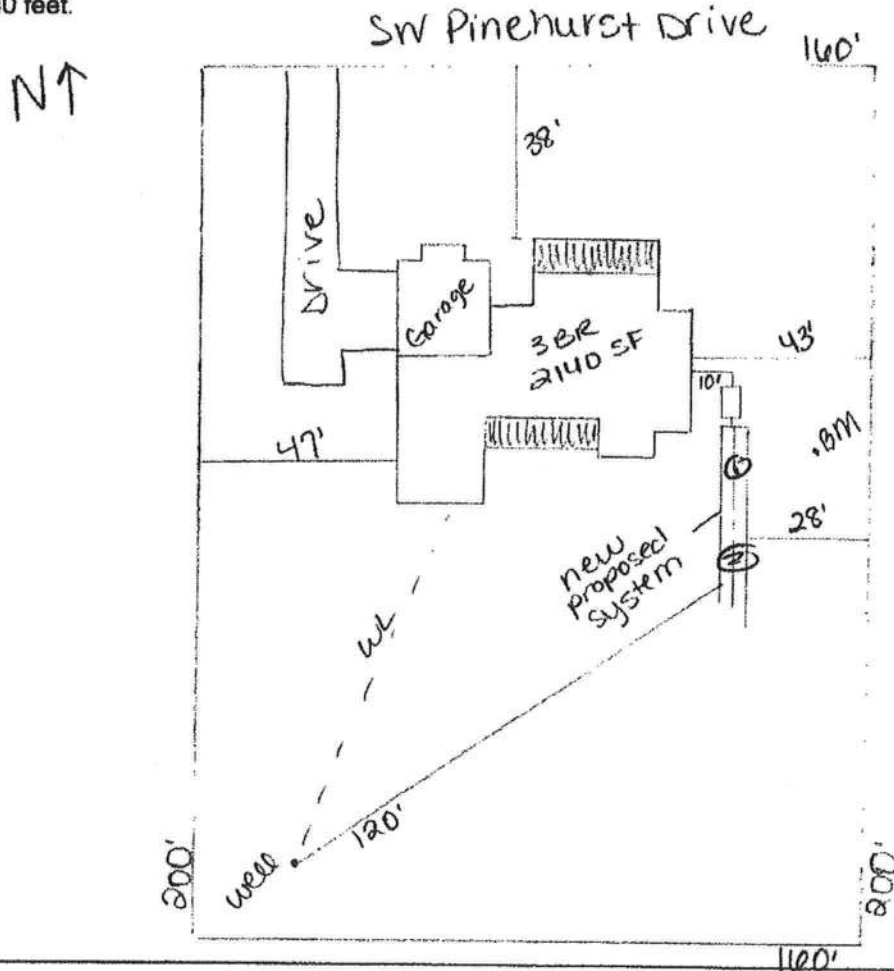
**STATE OF FLORIDA
DEPARTMENT OF HEALTH**
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 20-0830

Beckman (Wilkinson)

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

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Roddy D 7

Plan Approved [Signature]

Not Approved _____

By [Signature]

Columbo

MASTER CONTRACTOR

Date 10-15-20

County Health Department

10/21/20

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT