



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

APPLICATION FOR CONSTRUCTION PERMIT

CR # 10-7341

PERMIT NO. 19-8765
DATE PAID: 10/14/19
FEE PAID: 30.00
RECEIPT #: 1448044

APPLICATION FOR:

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

APPLICANT: MARK HADDOX

AGENT: MARK HADDOX

TELEPHONE: 386-288-176

MAILING ADDRESS: P.O. BOX 1755

LAKE CITY FL 32056

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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 33-3S-16-02435-001 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 5.000 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 297 BROWN ROAD

DIRECTIONS TO PROPERTY: TAKE US HWY 90 WEST, TURN RIGHT ON BROWN ROAD, SITE IS 2ND ON THE 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	<u>TRUCK REPAIR SHOP</u>	<u>0</u>	<u>10,619</u>	
2				
3				
4				

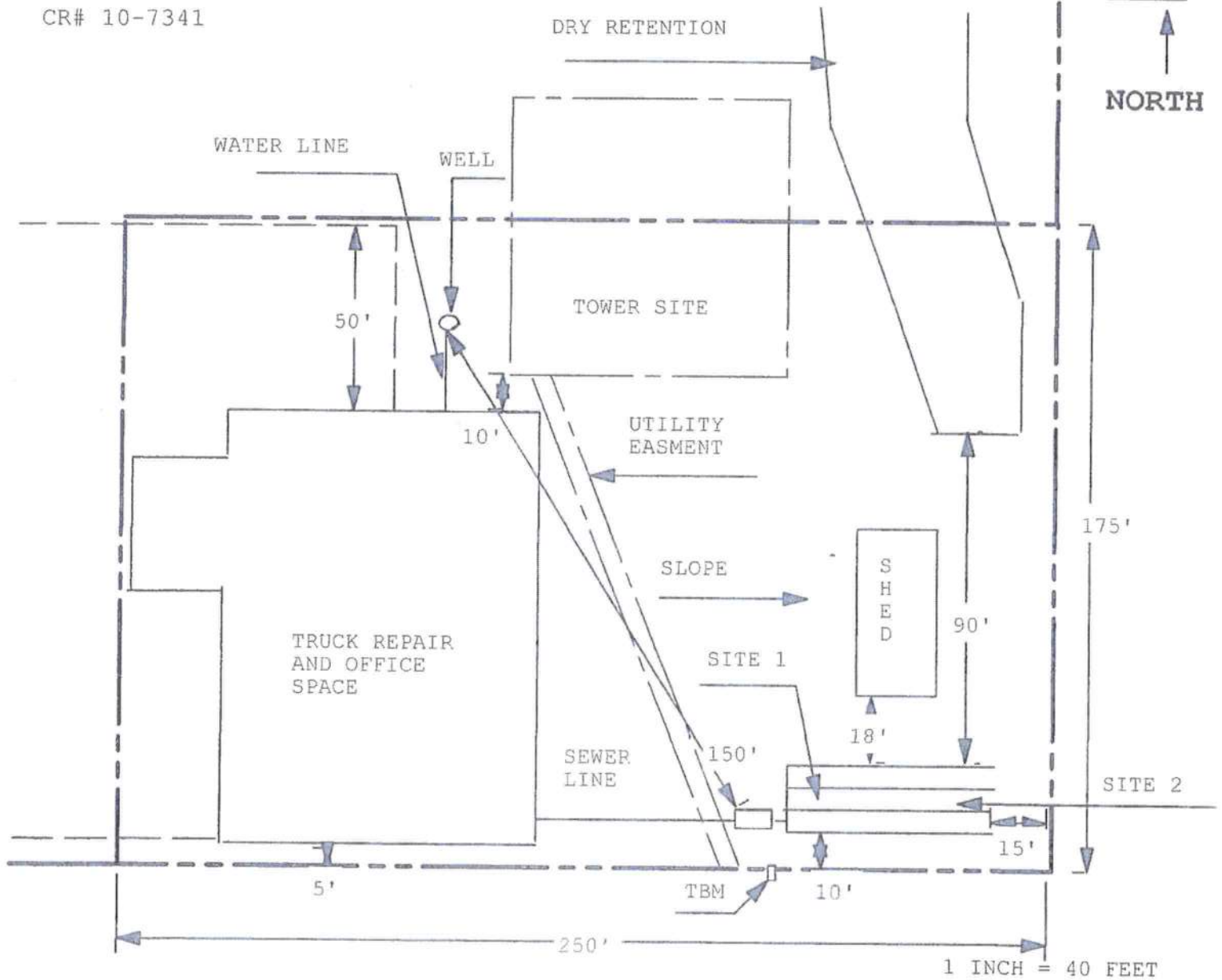
☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 10-11-19

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 19-0745

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

CR# 10-7341



Site Plan Submitted By Paul Lloyd Date 9/22/19
Plan Approved ✓ Not Approved _____ Date 11/13/19

By [Signature] Cedrick CPHU

Notes: _____