



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

PERMIT NO. 20-0781  
DATE PAID: 9/25/20  
FEE PAID: 320.00  
RECEIPT #: 1580923

APPLICATION FOR:

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

APPLICANT: Michael and Roxi Jones

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING 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: NA BLOCK: NA SUB: NA PLATTED: \_\_\_\_\_

PROPERTY ID #: 32-4S-17-08925-002 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 10.25 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: SW Bedenbaugh Lane, Lake City, FL. 32025

DIRECTIONS TO PROPERTY: Head W on NE Franklin St, TL at 3rd Cross St onto US-441 S, TL onto US-41 S, TR onto SW Tustenuggee Ave, TR onto SW Bedenbaugh Ln & prop is 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 SF Residential 4 2407

2 \_\_\_\_\_

3 \_\_\_\_\_

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: William D. Bishop II

DATE: 9/24/2020

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

Permit Application Number 20-0781

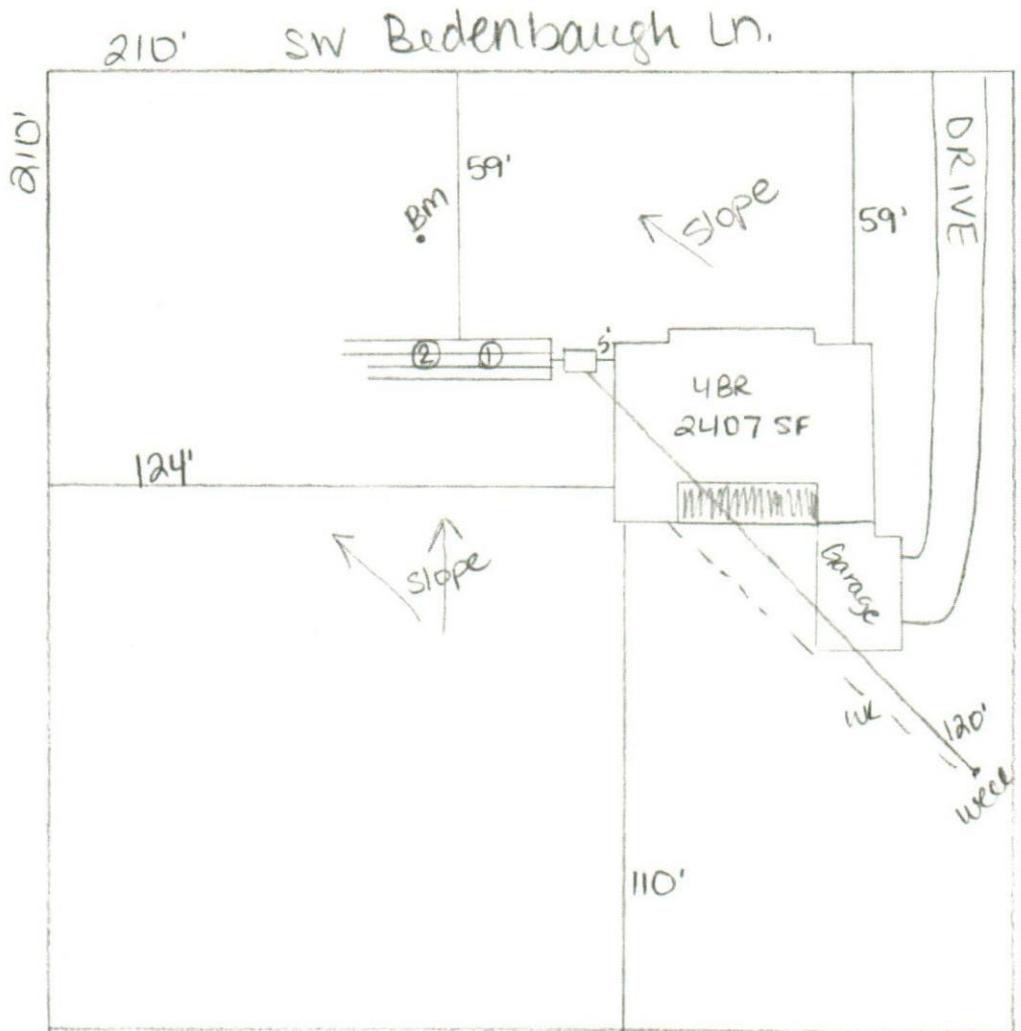
Jones

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

Scale: 1 inch = 40 feet.



1 acre of 10.25



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

1 acre of 10.25

Site Plan submitted by: William A. Bishop II

Plan Approved ☒ Not Approved ☐

By [Signature] Columbia

MASTER CONTRACTOR

Date 9-24-20

County Health Department

9/28/20

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT