



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

48367 56
PERMIT NO. 21-0187
DATE PAID: 2/25/21
FEE PAID: 310.00
RECEIPT #: 1433208

APPLICATION FOR:

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

APPLICANT: John and Kyoungja Homes LLC

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: 18 BLOCK: U1 SUB: Turkey Creek PLATTED: _____

PROPERTY ID #: 23-3S-16-02279-118 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.25 ACRES WATER SUPPLY: [] PRIVATE PUBLIC ☒ <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 203 NW Turkey Run Ct, Lake City, FL

DIRECTIONS TO PROPERTY: TR onto US-41 N, TL onto NW Bascom Norris Dr, TR onto NW Lake Jennifer Rd, TR at NW Scenic Lake Dr, TR onto Turkey Creek, TR onto NW Turkey Run Ct.

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	1523	
2				
3				

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

SIGNATURE: William D. Bishop II

DATE: 2/18/2021

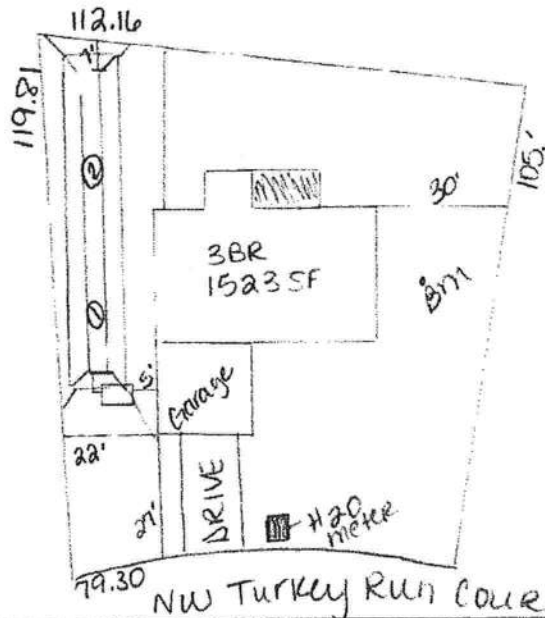
STATE OF FLORIDA
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Permit Application Number 21-0187

John & Kyoungja Homes LLC (Eagle Properties)
PART II - SITEPLAN

Scale: 1 inch = 40 feet.

↑N



Notes:

Site Plan submitted by: William D. Bishop II

Plan Approved X Not Approved

By [Signature] MASTER CONTRACTOR
Date 2-18-21
County Health Department
2/25/21

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT