



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

PERMIT NO. 21-0037
DATE PAID: 1-15-21
FEE PAID: 318.00
RECEIPT #: 1613492

APPLICATION FOR:

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

APPLICANT: Brian Papka

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: 4 BLOCK: NA SUB: Oaks of Lake City PLATTED: _____

PROPERTY ID #: 18-5S-17-09280-104 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 5.52 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: SW Custom Made Circle, Lake City, FL

DIRECTIONS TO PROPERTY: Head W. on NE Franklin St. toward NE Calhoun Ave., TL onto US-441 S, TL onto US-441 S, TR onto SW Tusnuggee Ave, TR onto SW Mandiba Dr, TL onto SW Custom made Ctr.

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
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1	SF Residential	4	3423	
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2				
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3				
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☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: William D. Bishop II

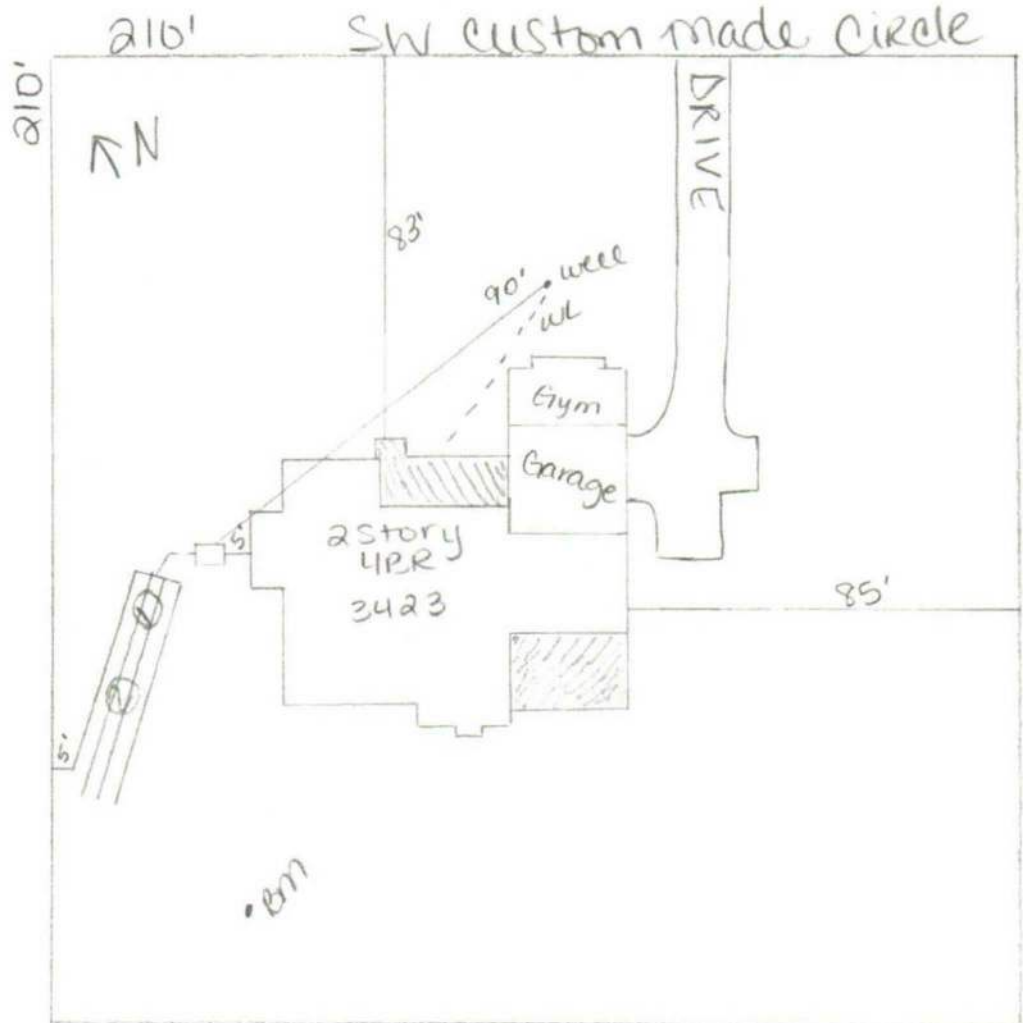
DATE: 1/7/2021

Permit Application Number 21-0037

Рарка

PART II - SITEPLAN

A hand-drawn diagram of a rectangular plot. The plot is oriented diagonally. A vertical line segment on the left side is labeled '100''. A horizontal line segment on the top side is labeled '255''. A small rectangular building is drawn on the left side, adjacent to the 100' dimension line.



Notes:

Site Plan submitted by: William D. Bishop II

Plan Approved ☒ Not Approved ☐

By _____

MASTER CONTRACTOR

Date 1-7-21

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT