



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

PERMIT NO. 22-0254
DATE PAID: 3-28-22
FEE PAID: 60.00
RECEIPT #: AP1813653

APPLICATION FOR:

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

APPLICANT: Jose Cervantez

AGENT: Dale Burd

TELEPHONE: 386-365-7674

MAILING ADDRESS: 20619 County Road 137, Lake City, FL, 32024

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 SUBDIVISION: NA PLATTED: _____

PROPERTY ID #: 11-6S-17-09649-002 ZONING: _____ I/M OR EQUIVALENT: ☐ No ☐

PROPERTY SIZE: 10.14 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ Yes DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 654 SE Bailey St, Lake City, FL, 32024

DIRECTIONS TO PROPERTY: US 441 South, TL SE Bailey St, 1/2 mile on right

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 / MH	3	2136	3 BR for 3 BR Like for Like
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

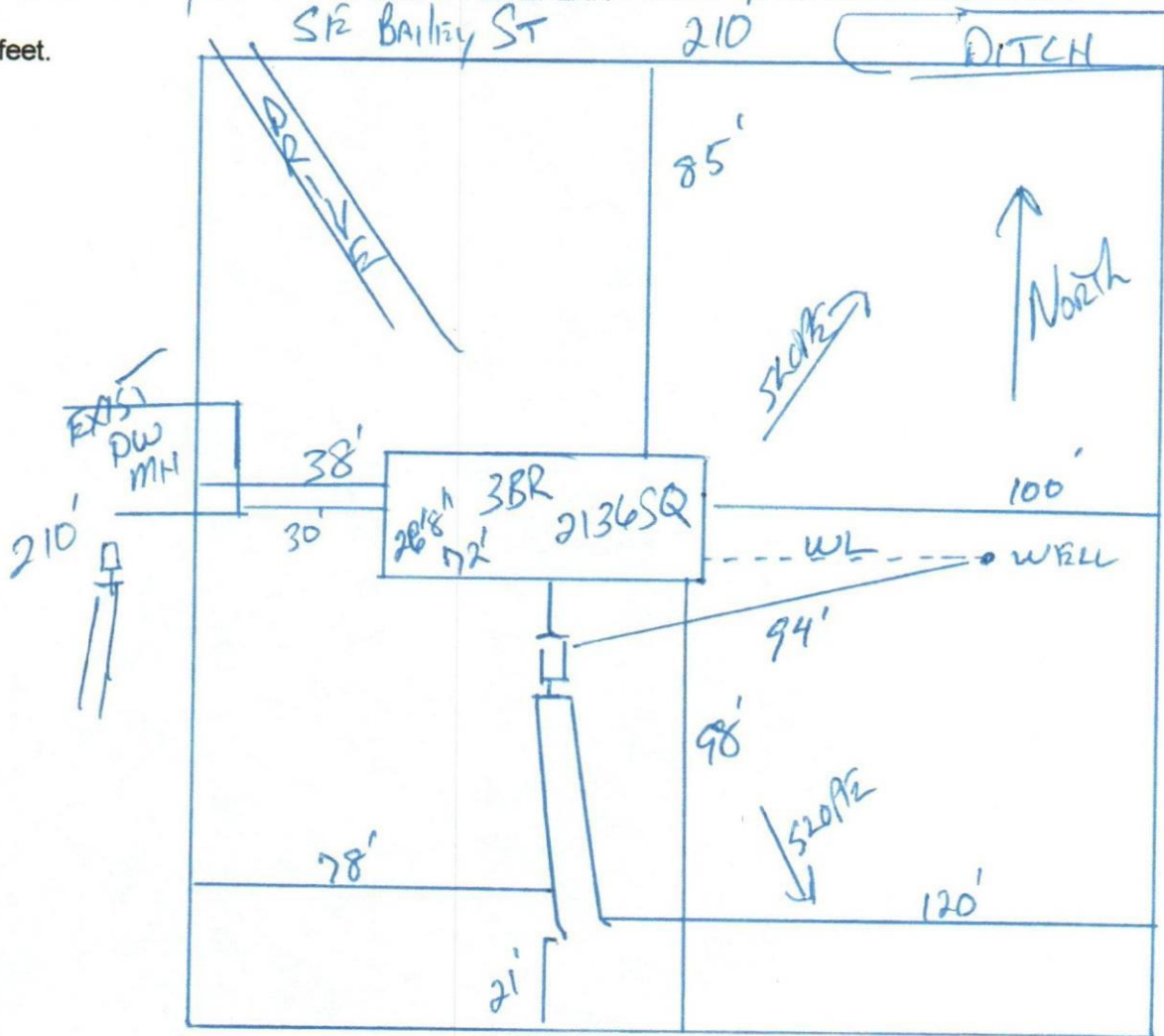
SIGNATURE: _____

DATE: 3/24/22

Permit Application Number 22-0254

Crawantz / Daniels

Scale: 1 inch = 40 feet.



Notes: _____

1 of 10.14 Acres

Size Attached

Site Plan submitted by: [Signature]

Plan Approved X

Not Approved

By_

Columbia CHD

CONTRACTOR

Date 3/31/22

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT