



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

PERMIT NO 21-857
DATE PAID: 10/18/21
FEE PAID: 60.00
RECEIPT #: 1757804

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Steven Glen Tucker Jr.

AGENT:

TELEPHONE: 386-515-5398

MAILING ADDRESS: 342 SW JONES TERRACE LAKE CITY FL 32025

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 20-4S-17-08585-003 ZONING: A-3 I/M OR EQUIVALENT: [Y] [N]

PROPERTY SIZE: 11.57 ACRES WATER SUPPLY: [Y] PRIVATE PUBLIC [N] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 342 SW JONES TERRACE

DIRECTIONS TO PROPERTY: CR242A EAST OFF SR47 LEFT ON JONES TERRACE PROPERTY
2/3RDS DOWN THE ROAD ON THE LEFT

BUILDING INFORMATION

[X] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	MOBILE HOME	3	1188SF	ORIGINAL ATTACHED
2	AG POLE BARN	0	2400SF	
3	ADDING TO LINE ITEM 2	0	2400SF	4 INCH THICK CONCRETE MONOLITHIC SLAB
4	ADDING TO LINE ITEM 2	0		ELECTRIC

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

SIGNATURE: Steven Tucker

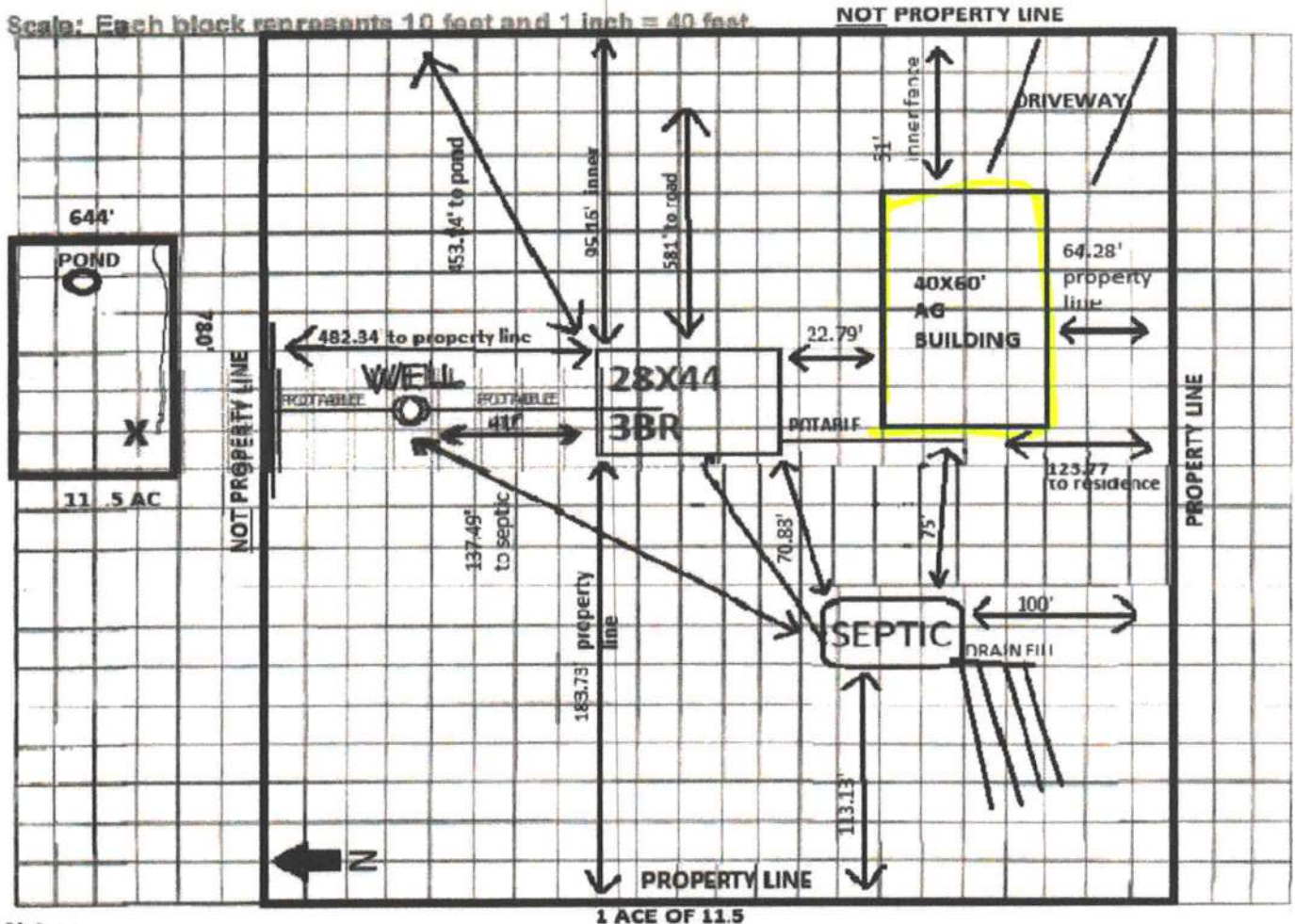
DATE: 04OCT2021

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0857

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet



Notes:

Site Plan submitted by: Steven Tucker Jr.

TITLE owner

DATE: 18/07/21

Plan Approved X

Not Approved

Date 10/19/21

By

[Signature]

[Signature]

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

4/3/8