

40924



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

PERMIT NO. 20-0911
DATE PAID: 11/18/20
FEE PAID: 318.00
RECEIPT #: 1602149

APPLICATION FOR:

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

APPLICANT: Darrell Keen C (G) / Devenport

AGENT: Robert W Ford III NFST, INC 386-556372

MAILING ADDRESS: 741 SE State Road 100 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 (14-65-17-09669-000)
LOT: BLOCK: SUBDIVISION: NA- PLATTED: 2008

PROPERTY ID #: B-65-17-09669-001 ZONING: I/M OR EQUIVALENT: [Y / N]

(12.50 AC) 55 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ YES ☐ NO DISTANCE TO SEWER: FT

PROPERTY ADDRESS: (947 SE) 1009 Giles Martin Ave Lake City, FLA

DIRECTIONS TO PROPERTY: TL on 4418, TL on CR 18
TL on SE Giles Martin Ave to 1009 on

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	<u>Mhome</u>	<u>4</u>	<u>2255</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

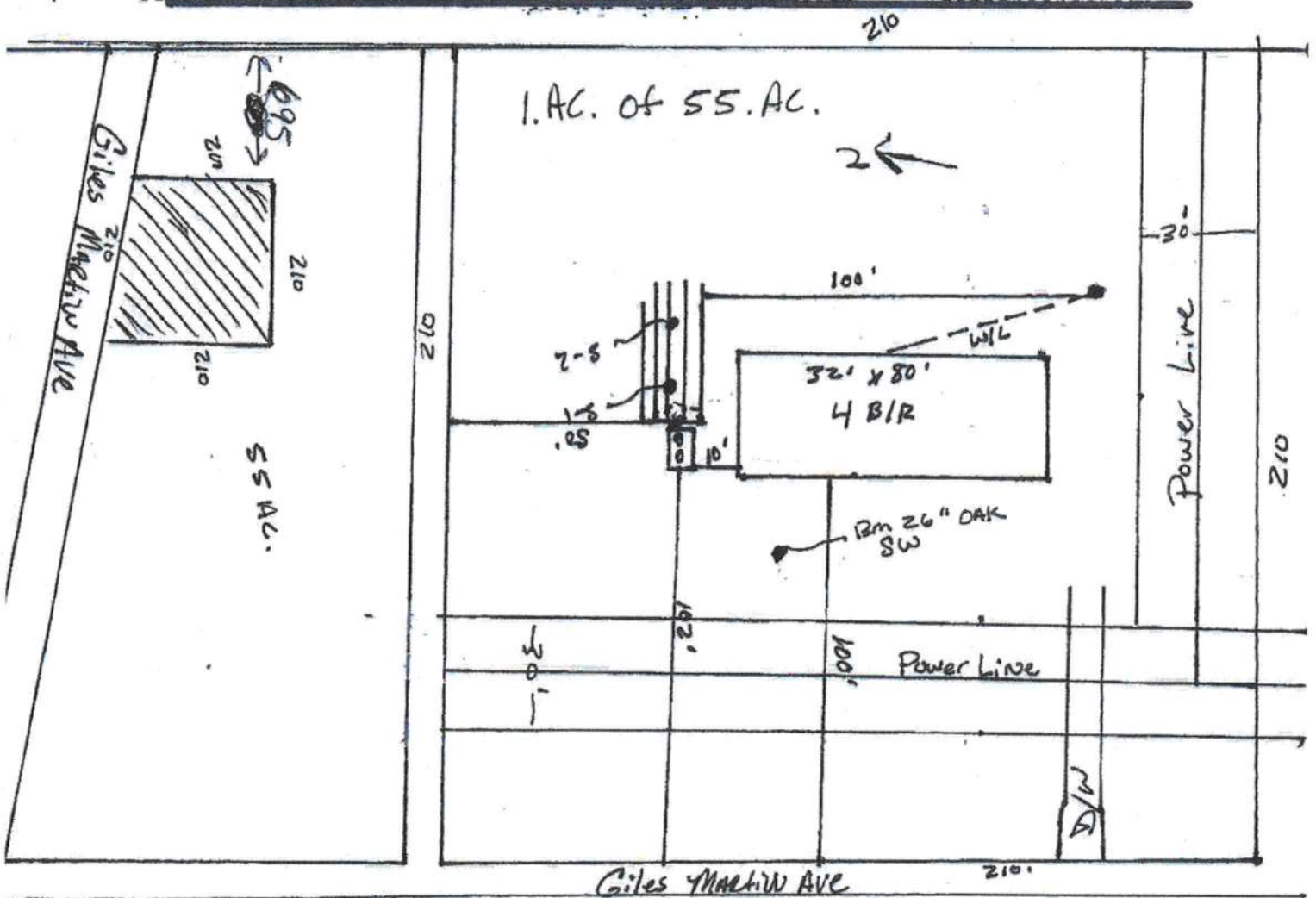
SIGNATURE: Robert W Ford DATE: 11-16-2020

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Permit Application Number

20-0911

1" = 40'



Notes:

The Plan submitted by: Robert W. Ford III Date 11-16-2020

I am Approved x

Not Approved

Date 11/19/20

[Signature]

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT