



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

PERMIT NO. 20-0942
DATE PAID: 12-1-20
FEE PAID: 60.00
RECEIPT #: 160418

APPLICATION FOR:

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

APPLICANT: Franklin D. & Nelia Weaver

AGENT: _____ TELEPHONE: (386) 965-9993

MAILING ADDRESS: 287 NW Lake Valley Terr. Lake City FL 32055

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: 27 BLOCK: N/A SUBDIVISION: Lake Valley @ Woodborough PLATTED: N/A

PROPERTY ID #: 22-35-16-02269-127 ZONING: Res I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 0.7778 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 287 NW Lake Valley Terrace Lake City, FL 32055

DIRECTIONS TO PROPERTY: _____

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>metal shed</u>	<u>0</u>	<u>240</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

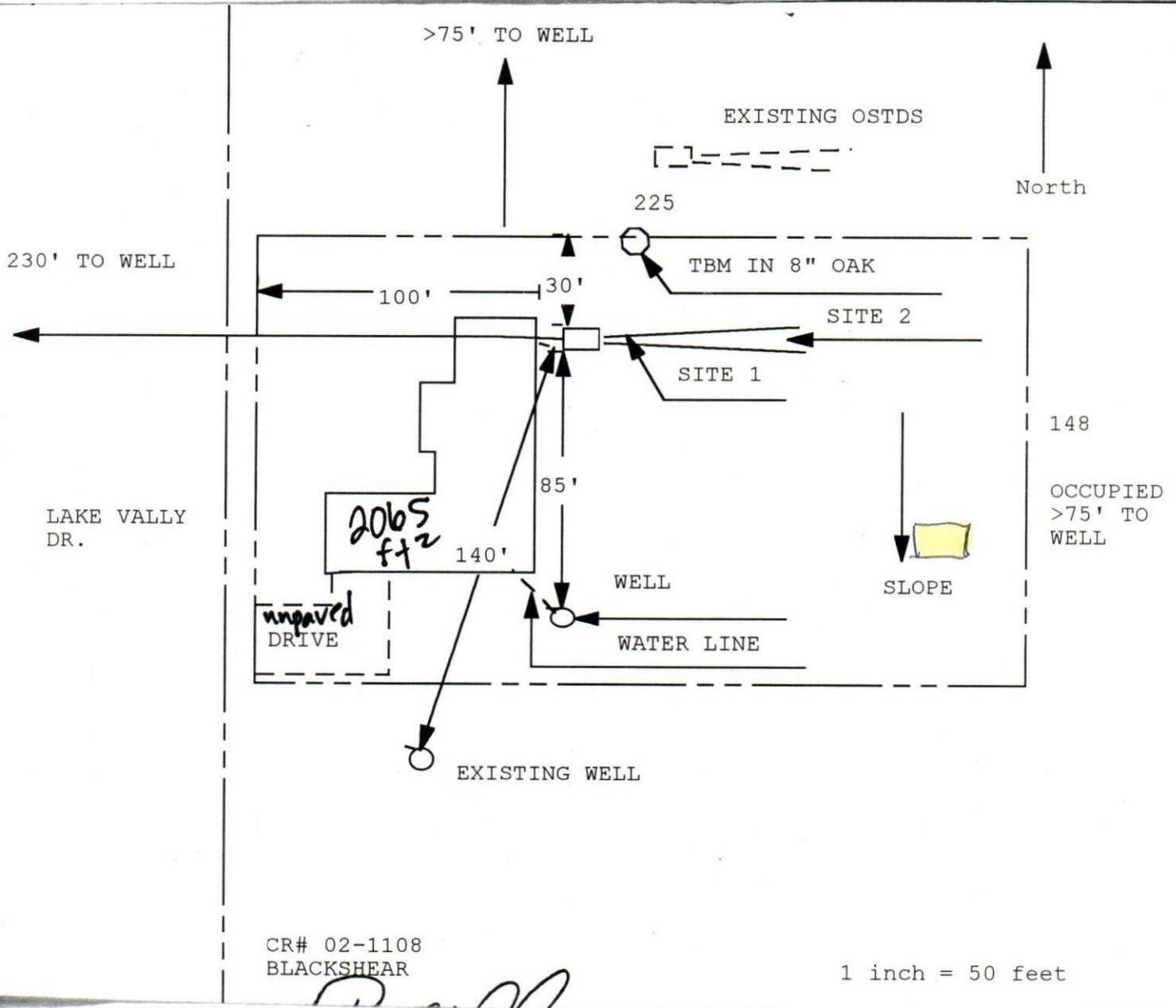
☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Nayra Adams DATE: 11/25/2020

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----- PART II - SITEPLAN -----



CR# 02-1108
BLACKSHEAR

1 inch = 50 feet

Site Plan submitted by: _____

Plan Approved ☒

Not Approved _____

Date 11/25/2020

By Hayne A. Jones

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CR# 02-1108 (Obsolesces previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Spec. Number: 5744-002-4015-6)

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APPROVED