



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

PERMIT NO. 21-00027  
DATE PAID: 1/13/21  
FEE PAID: 62.88  
RECEIPT #: 162971

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☒ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☒ NO septic

APPLICANT: Edwin Baez

AGENT: Tony Richards

TELEPHONE: 386 867 0867

MAILING ADDRESS: 162 SW Pinemount Rd 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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 14-45-15-00367-153 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 4.39 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [ ] ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] N/A DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 348 SW Wiersdale Place Lake City, FL 32024

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>BARN</u>	<u>0</u>	<u>360</u>	<u>BARN RESIDENTIAL</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature]

DATE: 1-8-2021



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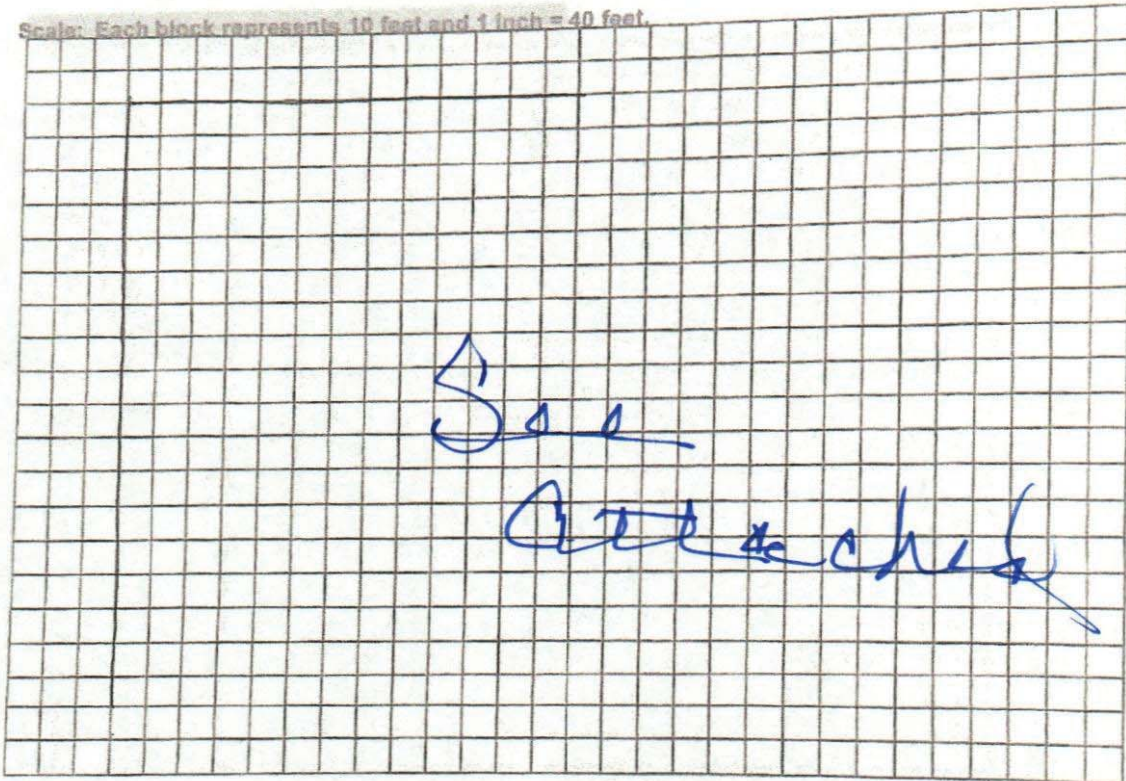
Permit Application Number

21-0027

47979

PART II - SITEPLAN

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



Notes:

Approved: [Signature] ES2 Columbia 11/15/21  
Site Plan submitted by: \_\_\_\_\_ Agent: \_\_\_\_\_ Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Plan approved Submitted by: \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_  
By [Signature] COLUMBIA County Health Department

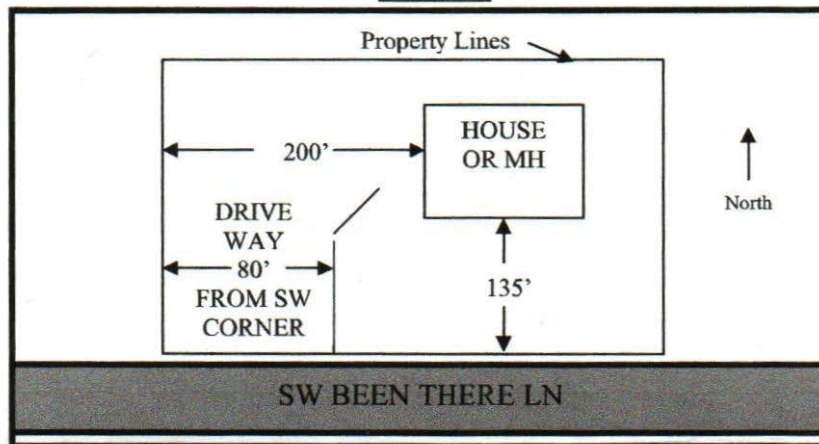
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

21-00027

**Page 2, Site Plan for 9-1-1 Address Application From**

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

**SAMPLE:**



**SITE PLAN BOX:**

