

STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO	6.0282
DATE PAID:	4.6.20
FEE PAID:	310.00
RECEIPT #:	
APIYT	1854

APPLICATION FOR CONSTRUCTION PERMIT APIXO1854
APPLICATION FOR: [X] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: KAYEN FASE
MAILING ADDRESS: MAISE State Road 100 Lake City, F1 32025
MAILING ADDRESS: 141 OF OLUTE ROULT 100 LUKE CITY 141 00025
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 #: 24-28-15-00087-000 zoning: Na A-G i/m or equivalent: [y N]
PROPERTY SIZE: ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/X] DISTANCE TO SEWER: A FT
PROPERTY ADDRESS: 1003 NW TIGEY Drain, White Springs
DIRECTIONS TO PROPERTY: 41N (ID) ON BYIDGE ST BYIDGE DECOMES
County Hwy 136, (TDon NW White Springs Ave, (TR)on Novo n. (TR) on Tiger Drain Rd to 1003
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
40' x 60' Buldma o 2480 office & Rest Room ANIV
40' x 60' Building o 2400 office & Rest Room ONly 20 20 x 20 office space = 40050 PT
3
4
SIGNATURE: XOVER W GOVOLY DATE: 33100
700 TANDER CONTROL OF THE TOTAL STATE OF THE TOTAL

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

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STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 00-0282-1 Scale: Each block represents 10 feet and 1 inch = 40 feet. 1329.30 80.00 sures 43 7 760 424 40. 710 TIGER DRAIN Notes: Site Plan submitted by: Robert W Jand h. DATE Plan Approved N Not Approved Columbia CHD _ County Health Department ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT