



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

CR # 10-7907

PERMIT NO. 20-1028
DATE PAID: 12/22/00
FEE PAID: 310.00
RECEIPT #: 1408957

APPLICATION FOR:

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

APPLICANT: JOEL BECKER

AGENT: PAUL LLOYD

TELEPHONE: (386) 697-4748

MAILING ADDRESS: P.O. BOX 2833

LAKE CITY

FL 32056

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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 02-5S-16-03444-004 ZONING: AG I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 13.470 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 337 SW ROSE CREEK DR.

DIRECTIONS TO PROPERTY:

TAKE S.R. 47 SOUTH, TURN LEFT ON BROOKWOOD, TURN RIGHT ON ROSE CREEK DR. SITE ON LEFT.

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>MOBILE HOME</u>	<u>2</u>	<u>818</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Paul Lloyd

DATE: 12/20/20

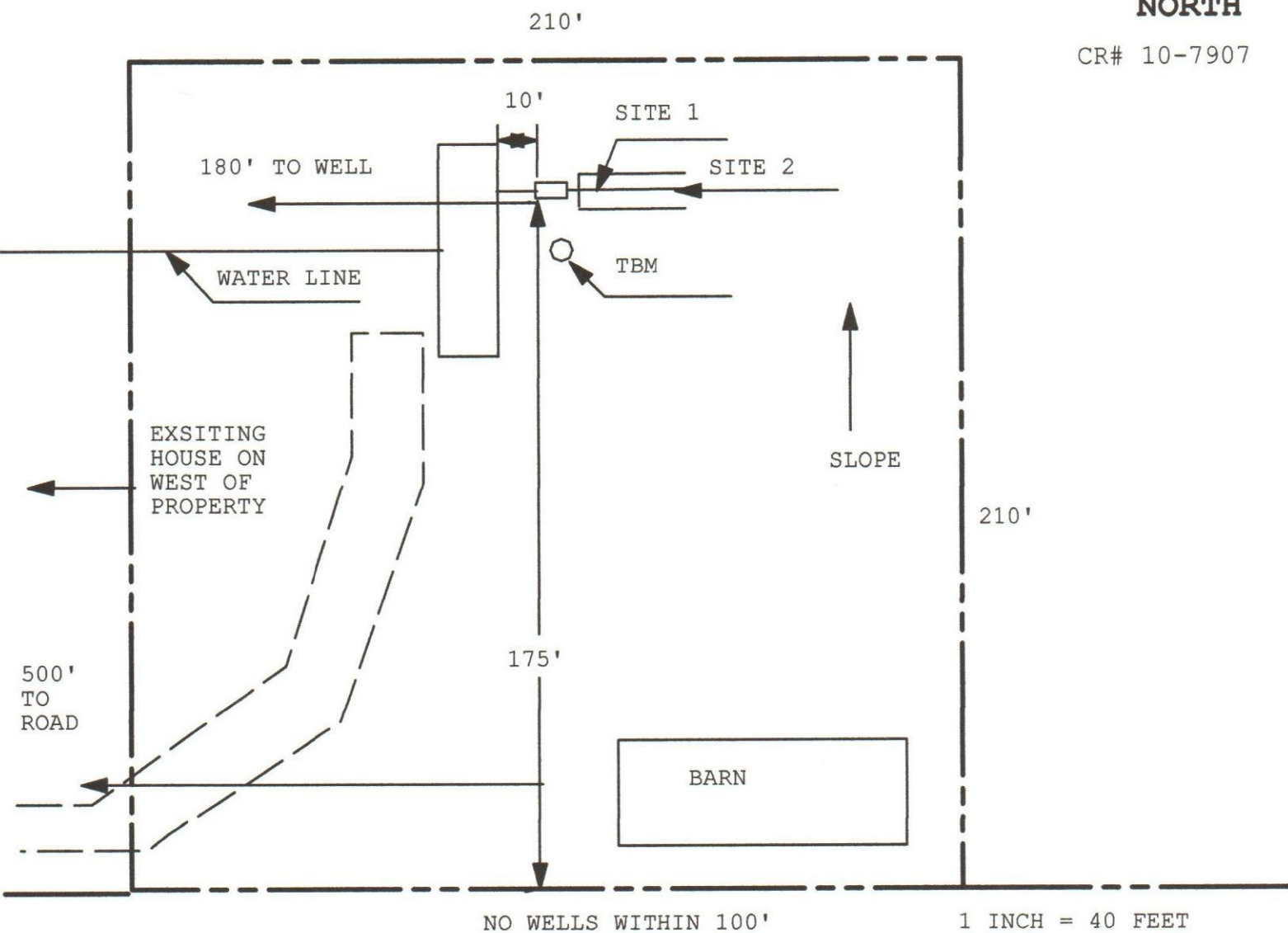
Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan

Permit Application Number: 20-1028

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

NORTH

CR# 10-7907



Site Plan Submitted By Paul R. Lyle Date 12/20/20
Plan Approved ✓ Not Approved _____ Date 12/20/20

By [Signature] ESJ Columbia CPHU

Notes: _____

Application for Onsite Sewage Disposal System
Construction Permit, Part II Site Plan
Permit Application Number: _____

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NOTES: