



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

PERMIT NO. 20-0435
DATE PAID: 2/4/20
FEE PAID: 80.00
RECEIPT #: 1508273

APPLICATION FOR:

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

APPLICANT:

Debi Bennefield

AGENT:

TELEPHONE: 386-288-1208

MAILING ADDRESS:

460 SW Silver Palm Dr 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: 22 BLOCK: _____ SUBDIVISION: Carter Place S/O PLATTED: _____

PROPERTY ID #: 05-35-17-04843-022 ZONING: R I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.59 ACRES WATER SUPPLY: [/] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 402 NW Ivy Glw, Lake City, FL 32055

DIRECTIONS TO PROPERTY: Hwy 441 N to Ivy Glw. Home at the end on left. Driveway straight ahead.

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>home</u>	<u>3</u>	<u>2132 sf including garage</u>	<u>(1600 hsf)</u>
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE:

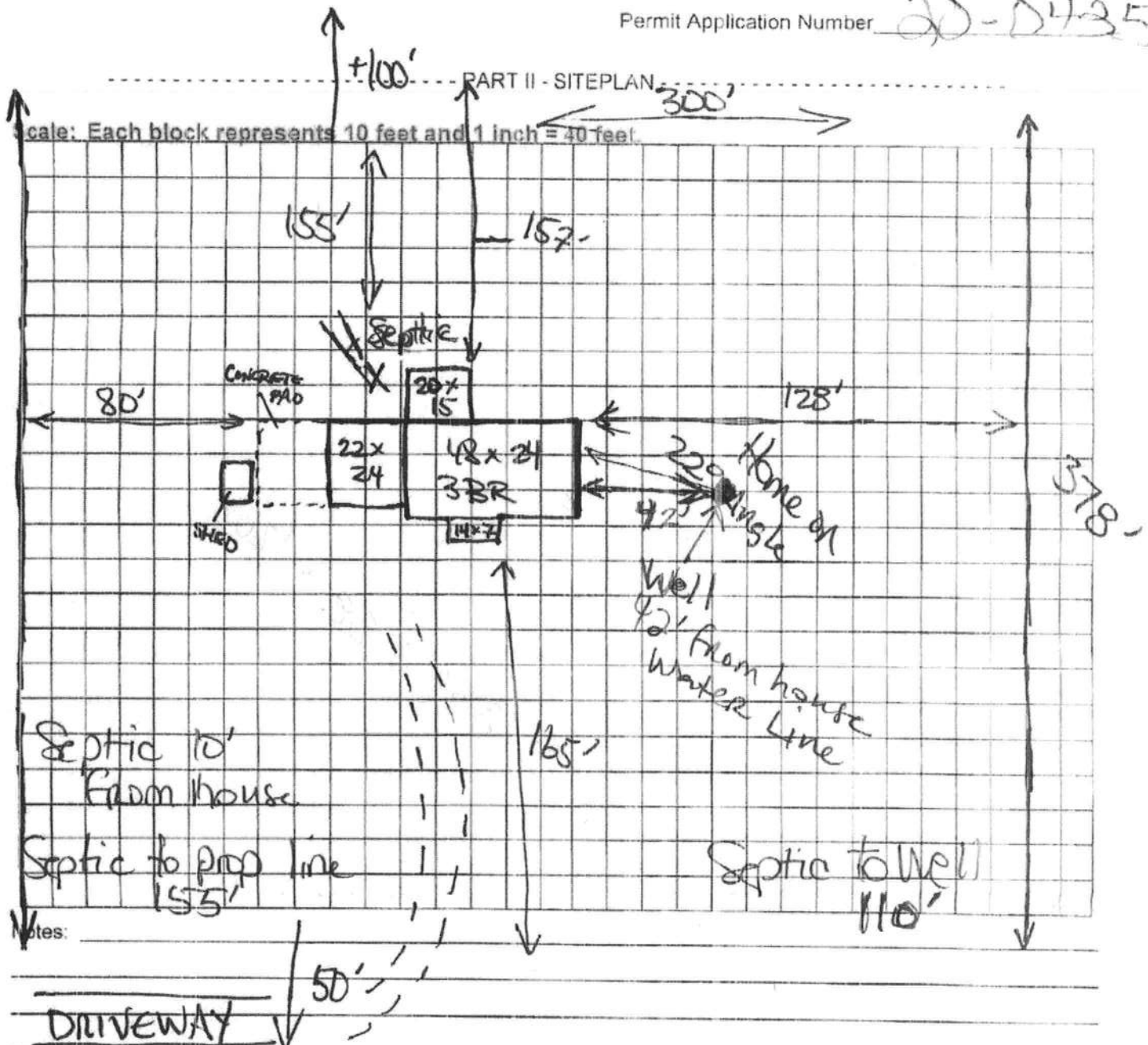
Debi Bennefield

DATE: 6/4/20

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

20-0425



Notes:

Site Plan submitted by: Debi Bennfield TITLE _____ DATE: 6/4/20
Plan Approved ☒ Not Approved _____ Date: 6/5/2020
By: Kim Roy Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT