



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

PERMIT NO. 12-0560
DATE PAID: 12/17/12
FEE PAID: 31058
RECEIPT #: 1091225

APPLICATION FOR:

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

APPLICANT: Michael T. NorrisAGENT: HOWARD'S SEPTIC SERVICE INC. - FELTON HOWARDTELEPHONE: 386-935-1518MAILING ADDRESS: PO Box 180 Branford FL 32008

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: NA BLOCK: NA SUBDIVISION: NA PLATTED: _____PROPERTY ID #: 25-45-15E 88391-883 ZONING: _____ I/M OR EQUIVALENT: ☐ No ☐PROPERTY SIZE: 1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 854 SW Charles Terr 31824DIRECTIONS TO PROPERTY: From Lake City take 247 south then turn right on 242. Turn left on Charles Terr. Last property on right.

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	SFR	2	1568	
2				
3				
4				

☒ Floor/Equipment Drains ☒ Other (Specify) _____SIGNATURE: Felton C. HarrisDATE: 09/11/12

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

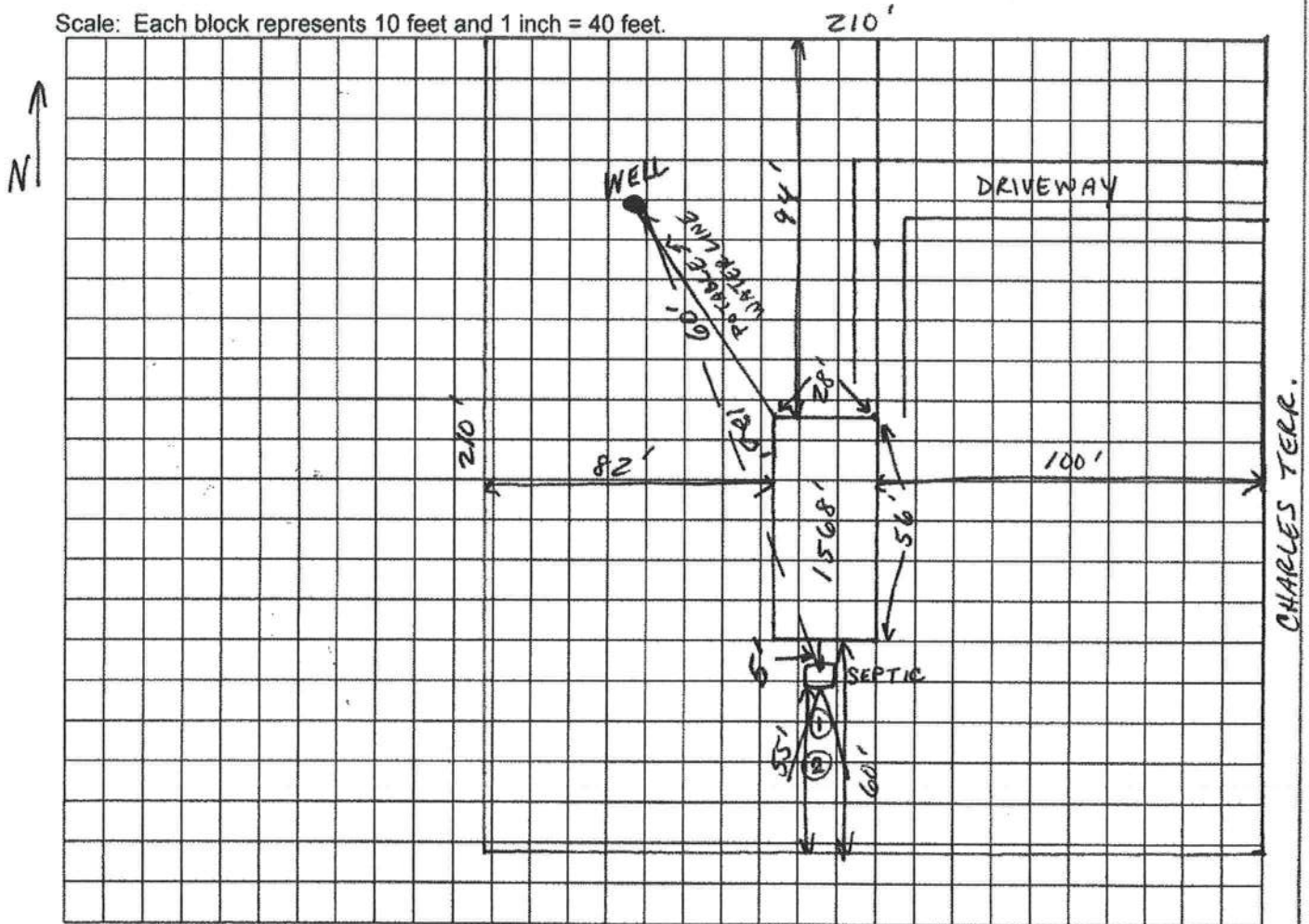
CEHD
12/17/12 1 of 4

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0560

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

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



Notes: Well 120' from Septic Tank 1 ACRE Deeded from 36.5 Acres
No wells or septic's adjacent to this property. (00391-000 Parent Parcel)

Site Plan submitted by: [Signature]

Plan Approved X

Not Approved _____

Date 12-17-012

By [Signature]

Columbia CHD

County Health Department

12/17/12

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT