



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

PERMIT NO: 21-0537
DATE PAID: 4-11-21
FEE PAID: 60.00
RECEIPT #: 4803e

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: CCF Properties LLC

AGENT: _____ TELEPHONE: 904-497-2320

MAILING ADDRESS: 11169 Cedar Creek farms Rd Glen St. Mary FL 32010

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: ¹²⁵~~126~~ BLOCK: _____ SUBDIVISION: MH Park PLATTED: _____

PROPERTY ID #: 25-35-15-00210-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.97 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: ¹²⁵~~126~~ Endeavor Court Lake City FL

DIRECTIONS TO PROPERTY: Turn left onto NW main Blvd, TR onto US 90 west. Cont straight onto US 90W, prop 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>SF Residential</u>	<u>2</u>	<u>921</u>	<u>ORIGINAL ATTACHED</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Stu Stewart DATE: 4/10/21

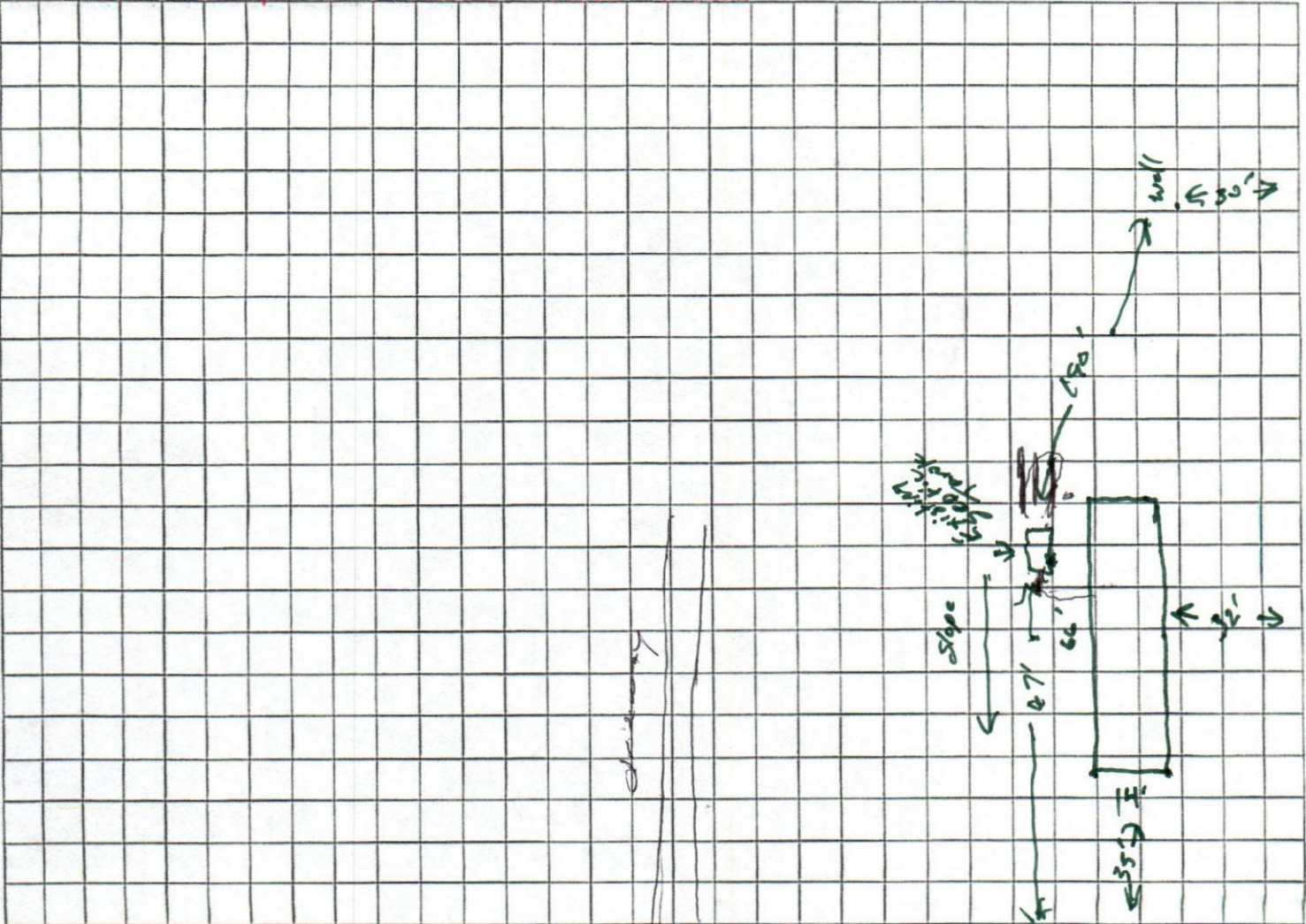
S Stewart 113@gmail

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Permit Application Number 21-0537
~~60112~~

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

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



Notes: _____

Site Plan submitted by: Steve Stewart TITLE _____ DATE: _____
Plan Approved Not Approved _____ Date Collette
By [Signature] _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT