



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 20-0982
DATE PAID: 12/10/20
FEE PAID: 310.00
RECEIPT #: 1606511

APPLICATION FOR:

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

APPLICANT: Amaiya Allen

AGENT: Robert W Ford III NFST, INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE State Road 100 Lake City, FL 32025

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: -NA- PLATTED:

PROPERTY ID #: 32-25-16-01807-014 ZONING: I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 1.47 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 250 NW Senior Ct Lake City FL

DIRECTIONS TO PROPERTY: US 41 North to Winfield Rd +/L to Senior Ct. +/L to Site on @

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
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1	<u>m. home</u>	<u>3</u>	<u>1440</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Robert W Ford III

DATE: 12-7-2020

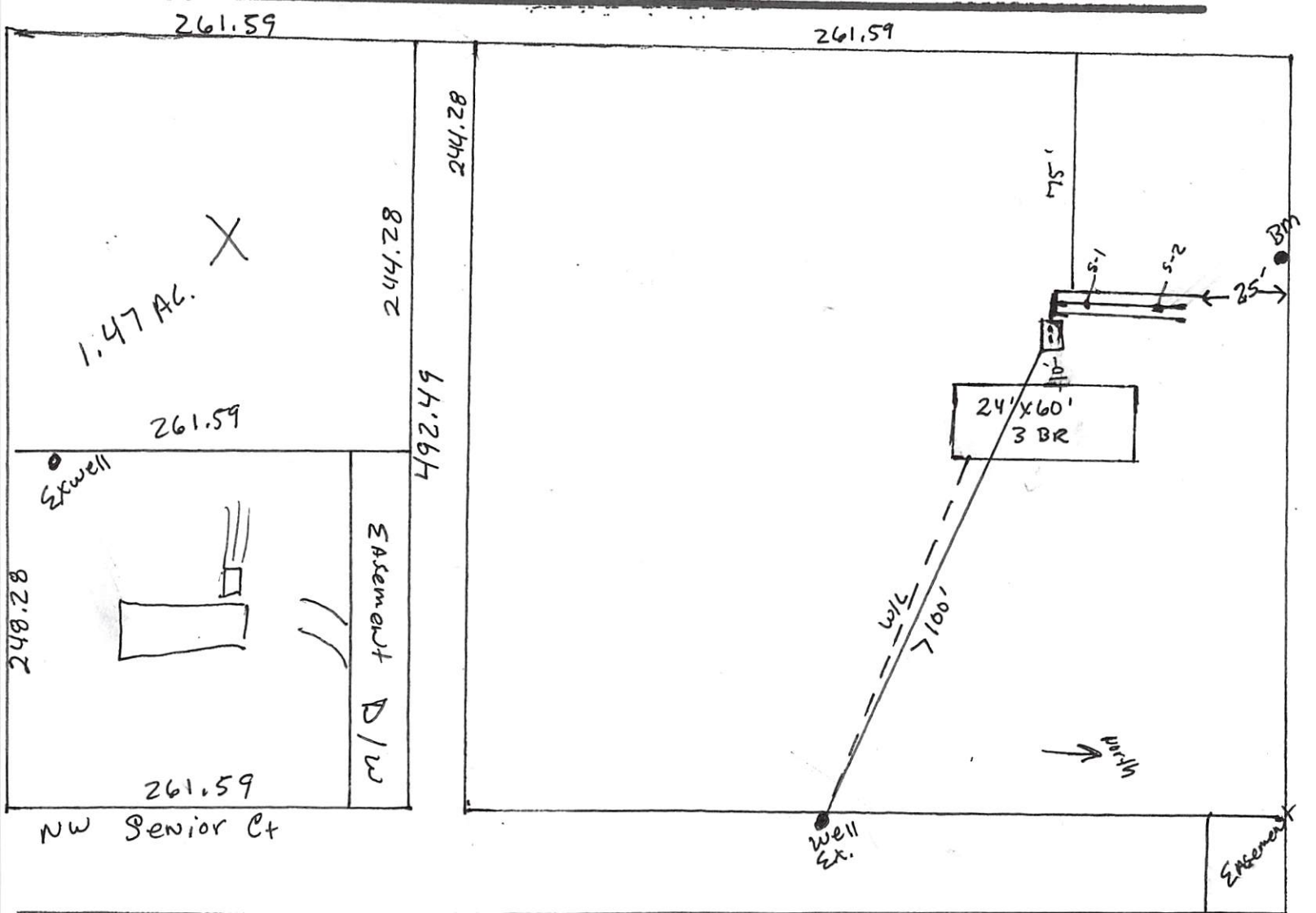
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Permit Application Number

20-0982

Allen

1" = 50'



Notes: _____ NW Senior Ct.

The Plan submitted by: Robert W. Ford III Date _____

I am Approved X Not Approved _____ Date 12/14/20

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT