



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

PERMIT NO. 22-0081  
DATE PAID: 1/31/22  
FEE PAID: 66.00  
RECEIPT #: 1789935

APPLICATION FOR:

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

APPLICANT:

Mindy Shindelbower

AGENT:

TELEPHONE: (678) 557-5133

MAILING ADDRESS:

4973 SW Tustenuggee Ave 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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: N/A PLATTED: \_\_\_\_\_

PROPERTY ID #: 08-55-17-0916-001 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 1.3 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 4973 SW Tustenuggee Ave Lake City, FL 32024

DIRECTIONS TO PROPERTY: 5 on Tustenuggee Ave, pass intersection Hwy 240, 1st house on (L)

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>Pole Barn</u> | <u>-</u> | <u>2400</u> | <u>- Home built 1952</u> |
| 2 |                  |          |             |                          |
| 3 |                  |          |             |                          |
| 4 |                  |          |             |                          |

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE:

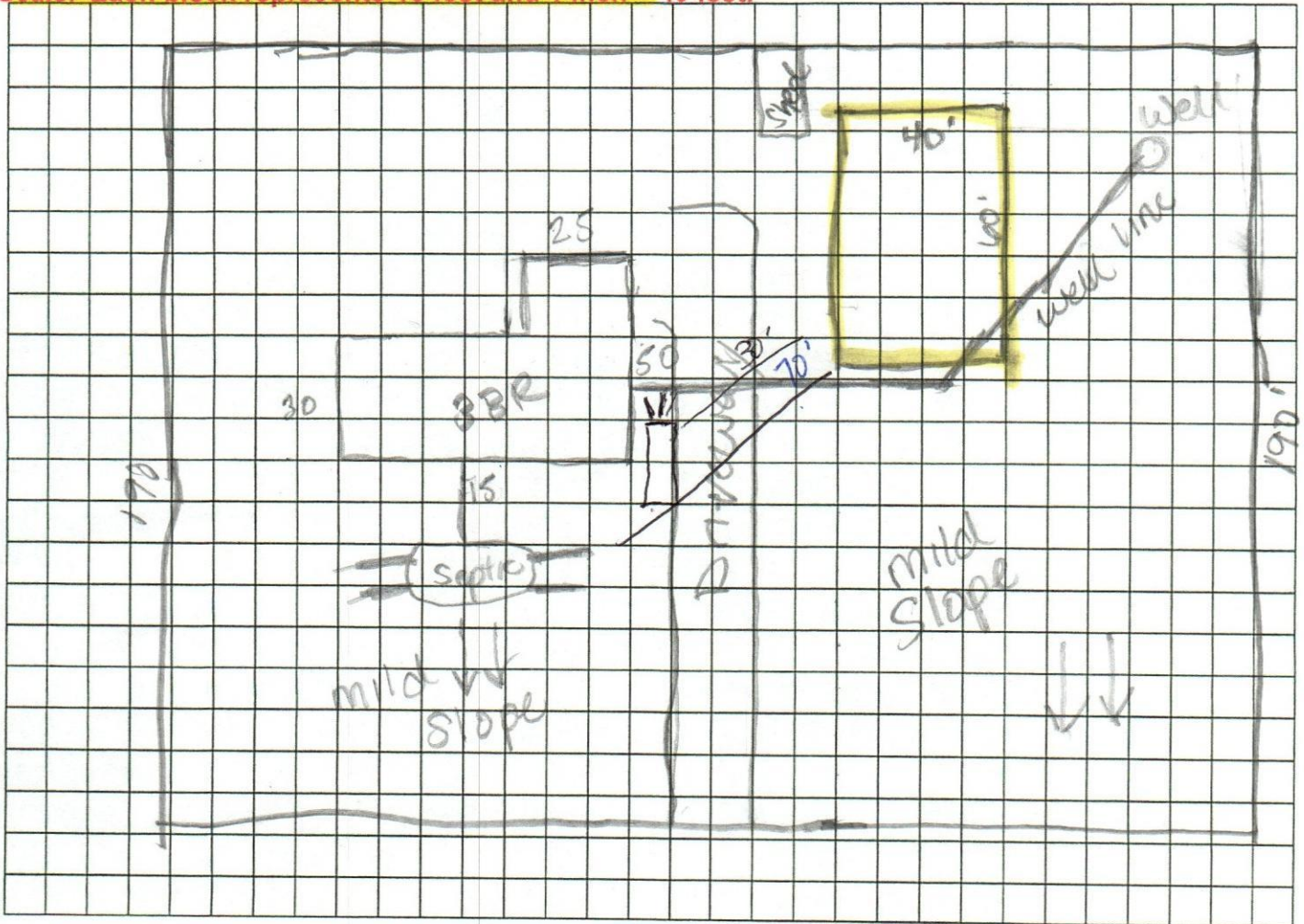
Mindy Shindelbower

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



Notes: \_\_\_\_\_

Site Plan submitted by: [Signature] Agent: \_\_\_\_\_ Owner: \_\_\_\_\_ Date: 1/31/22  
Plan Approved [Signature] Not Approved \_\_\_\_\_ Date 2/17/22  
By [Signature] \_\_\_\_\_ COLUMBIA County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**