



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

PERMIT NO. 20-0401
DATE PAID: 5-27-20
FEE PAID: 310.00
RECEIPT #: 1504542

APPLICATION FOR:

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

APPLICANT: Michael & Rosalie BrunoAGENT: Paul LloydTELEPHONE: 904-629-4085MAILING ADDRESS: P.O. Box 8160, Fleming Island, FL 32006

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: N/A BLOCK: N/A SUBDIVISION: Meters and Bounds PLATTED: _____PROPERTY ID #: 21-35-16-02211-008 ZONING: AG I/M OR EQUIVALENT: ☒ Y / ☐ NPROPERTY SIZE: 13.310 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 669 N.W. Beet Ave, Lake CityDIRECTIONS TO PROPERTY: 90 West, Turn Right on Brown Rd, Turn Right on Beet Ave, Cross RR Tracks, Site on Right Hand End.

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>2005</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Michael BrunoDATE: 9-22-2021

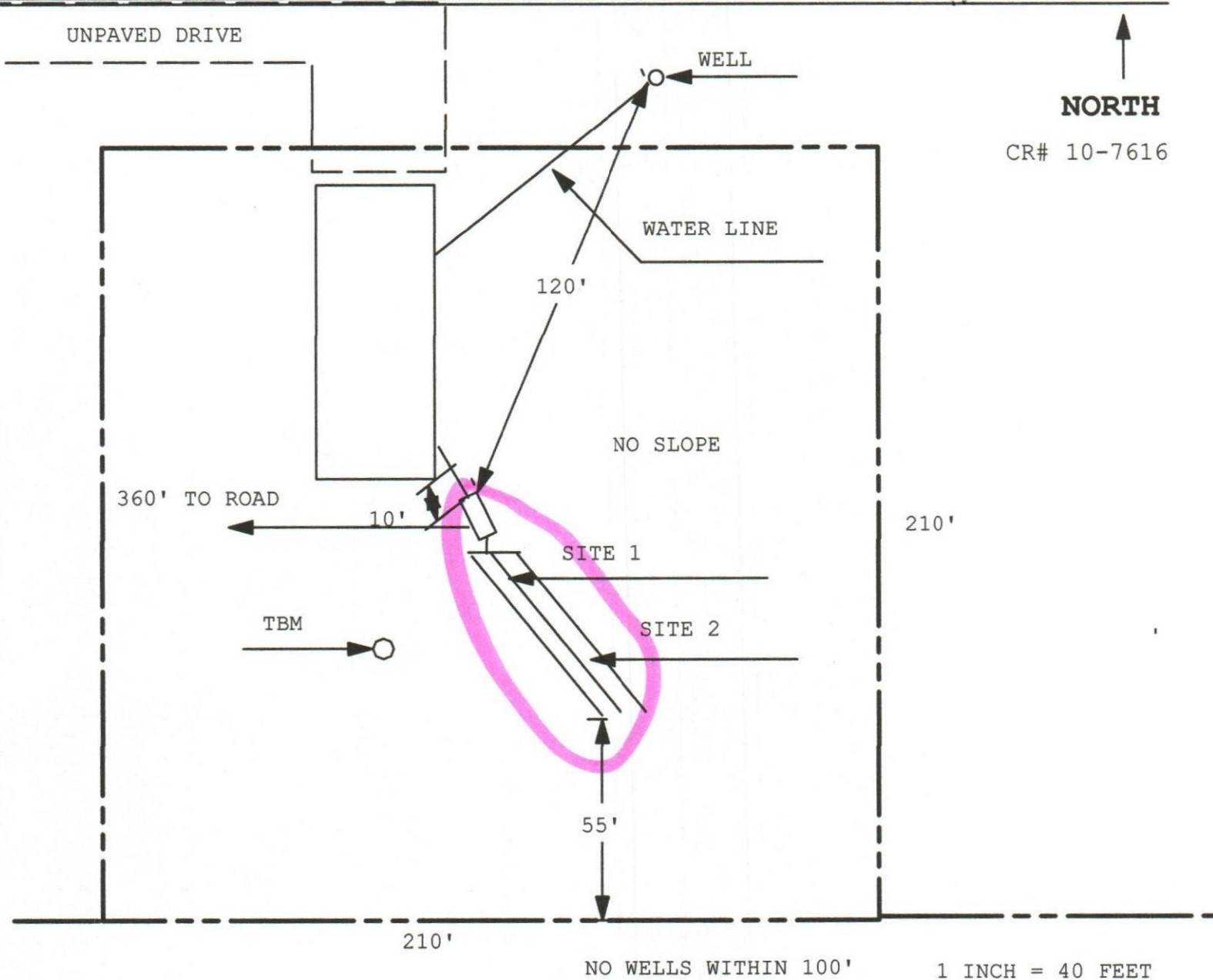
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

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**Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan**

Permit Application Number: 20-0401

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul Kelly Date 2/28/20
Plan Approved _____ Not Approved _____ Date 5/28/2020

By Kelli Ross Columbia CPHU

Notes: _____