

550120 103 377



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

PERMIT NO. 21-0408
DATE PAID: 428/21
FEE PAID: 425.00
RECEIPT #: 1459521

APPLICATION FOR:

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

APPLICANT: CURTIS K JONESAGENT: _____ TELEPHONE: 239-571-0699 CMAILING ADDRESS: 222 SW CROSS POINTE CT 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: _____ PLATTED: _____

PROPERTY ID #: 16-45-16-030A1-036(12107) ZONING: SFR I/M OR EQUIVALENT: ☒ Y / ☐ NPROPERTY SIZE: 2.44 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 493 SW Legion Dr. Lake City, FL 32024DIRECTIONS TO PROPERTY: 90 WEST TO 247 TO TAMARACK LOOP
(RT) - LEFT ON SW Legion Dr. 1/2 way up 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	<u>Single Family</u>	<u>3</u>	<u>1,728</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: [Signature] DATE: 9/24/21

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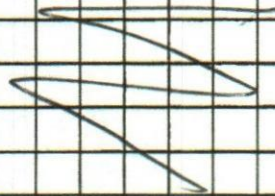
----- PART II - SITEPLAN -----

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

Curtis Jones

See

attached



Notes: _____

Site Plan submitted by: _____

Plan Approved _____

Not Approved _____

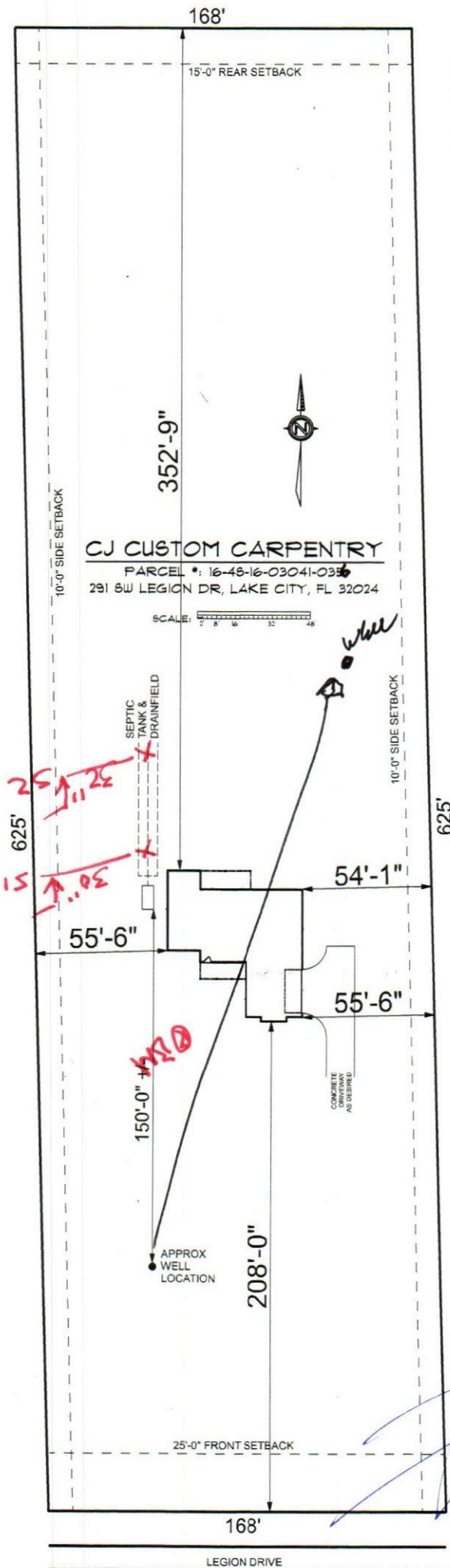
Date 4/29/2021

By *Curtis Jones*

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

21-0408



Columbia CHD
APPROVED