



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

PERMIT NO. 23-D111
DATE PAID: 2/9/03
FEE PAID: 130.00
RECEIPT #: 1936189

APPLICATION FOR:

☒ New System
☒ Repair

☒ Existing System
☐ Abandonment

☐ Holding Tank ☐ Innovative
☐ Temporary ☐

APPLICANT: Joshua Anderson

AGENT: Tommy Jones Randy Howard

MAILING ADDRESS: 1490 NE 130th St. Trenton, FL 32693

TELEPHONE: 352-221-4473

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: 8 BLOCK: A SUBDIVISION: West Lake City Hills PLATTED: _____

PROPERTY ID #: 34-35-16-02504-003 ZONING: _____ I/M OR EQUIVALENT: [No]

PROPERTY SIZE: .93 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] ☐ ≤2000GPD [] ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [No] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 729 NW Lake City Ave. Lake City, 32025

DIRECTIONS TO PROPERTY: Take 90 W, TR on Lake City Ave, property will be on R.

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>New SFR</u>	<u>2</u>	<u>1568</u>	
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2	<u>Replacing SFR</u>	<u>2</u>	<u>672</u>	
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3				
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4				
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[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: [Signature]

DATE: 2-7-03

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

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0111

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

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

Anderson

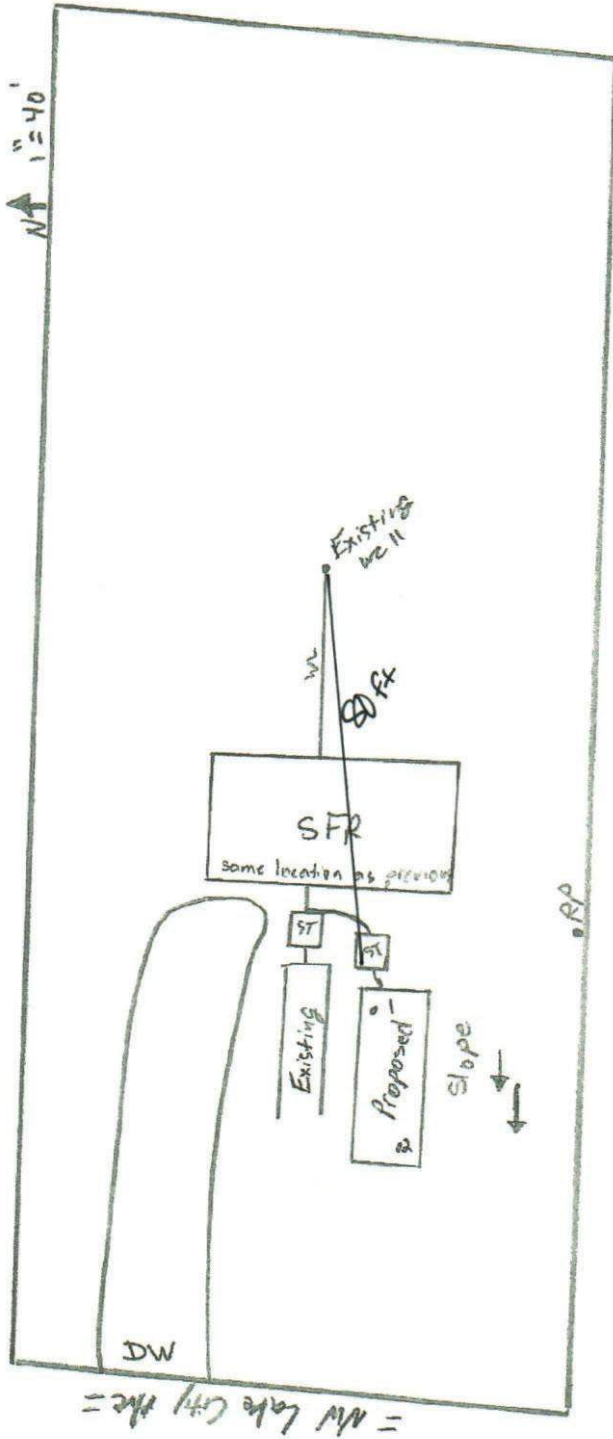
*See
Attached*

Notes: _____

Site Plan submitted by: *H. Heen* Agent: _____ Owner: _____ Date: *2-9-23*
Plan Approved ☒ Not Approved _____ Date: *2/10/23*
By *CBonds ESI* COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Joshua Anderson
 729 NW Lake City Ave.
 Lake City



23-0111

Kameron Keen
 21-2064
 2-7-23

✓
 2-7-23