



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

PERMIT NO. 21-0331
DATE PAID: 4/1/21
FEE PAID: 60.00
RECEIPT #: 1655727
4/14/21 \$145.00

APPLICATION FOR:

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

APPLICANT:

Janie Tave

(888) 777-4758

AGENT:

Kimberly Moon

TELEPHONE: 386-688-2345

MAILING ADDRESS:

1154 NW Norgel Rd Lake City FL 32055

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: 18 BLOCK: - SUBDIVISION: Southern Exposures PLATTED: -

PROPERTY ID #: 25-55-15-00479-38(204) ZONING: - I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 10.52 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: 2293 SW Spruce Rd Lake City FL 32055

DIRECTIONS TO PROPERTY: TL main Blvd, Right R to FL-475, TR Cold 240,
TL SW Ichetucknee, TR SW Curtain Ln, TR SW Spruce.
Property 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
1	<u>S.F.O MH</u>	<u>3</u>	<u>1173</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) -

SIGNATURE:

Kimberly Moon

DATE:

4/5/21

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

Permit Application Number 21-0331

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

Scale: 1 inch = 40 feet.

*See
Attached*

Notes: _____

Site Plan submitted by: Kimberly Hoon

Plan Approved X

Not Approved _____

Date 4/5/21

By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT