



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 \$165.00

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Janie Tave (888) 777-4758

AGENT: Kimberly Hoon TELEPHONE: 386-688-2345

MAILING ADDRESS: 1154 NW Mangel 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 <=2000GPD >2000GPD

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, Sight 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 Hoon DATE: 4/5/21

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

Scale: 1 inch = 40 feet.

See Attached

Notes: _____

Site Plan submitted by: kimberly hoon
Plan Approved Not Approved _____ Date 4/5/21
By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT