

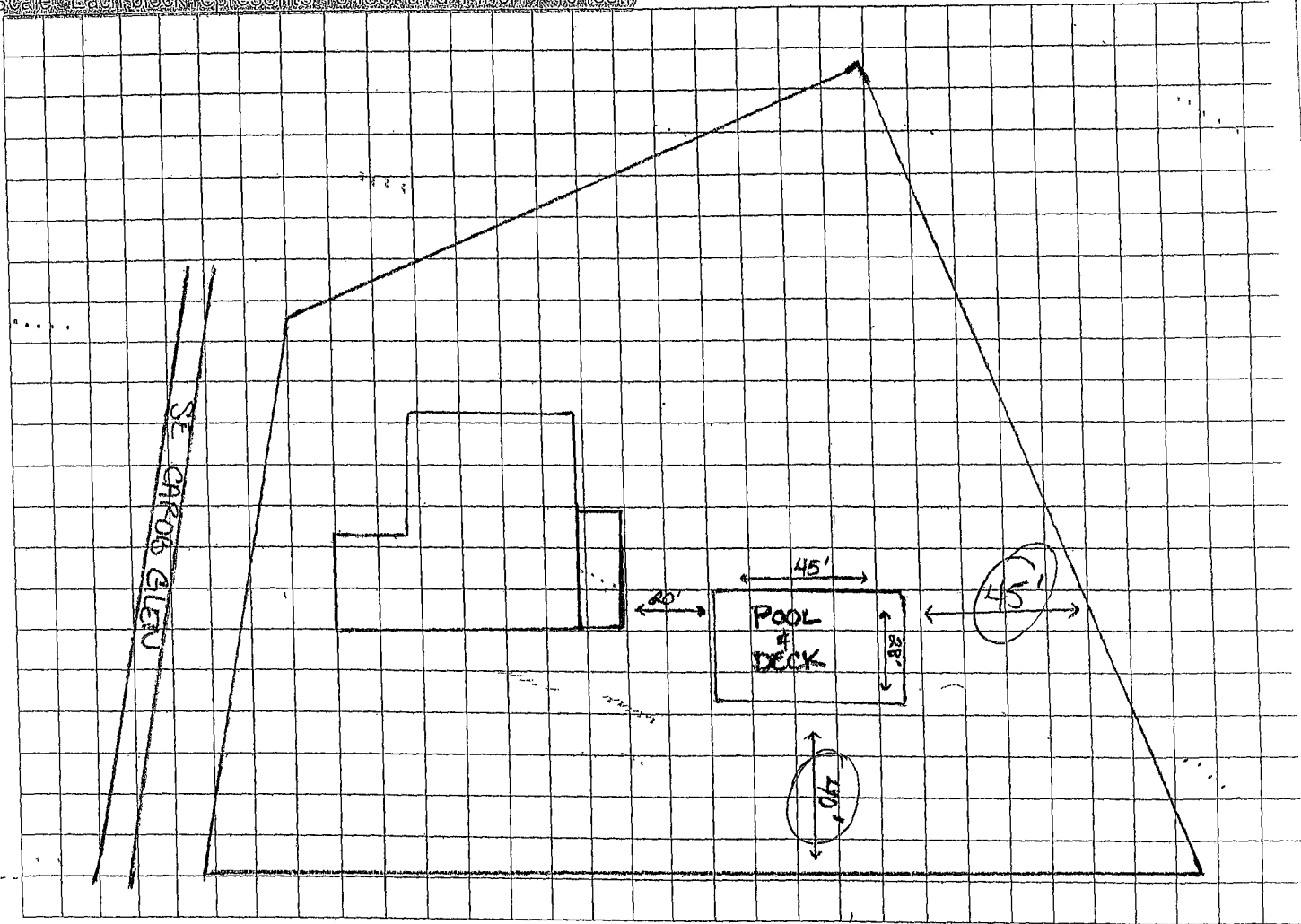
67

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number \_\_\_\_\_

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

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



Notes \_\_\_\_\_

Site Plan submitted by: \_\_\_\_\_

Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 13-8653E  
DATE PAID: 12/23/13  
FEE PAID: 65.4  
RECEIPT #: \_\_\_\_\_

APPLICATION FOR:

[ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ] \_\_\_\_\_

APPLICANT: Claude and Agathia Bradford

AGENT: James Nash or Frank Federmeyer TELEPHONE: 758-7522

MAILING ADDRESS: 230 SE Carob Glen Lake City, FL 32025

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: 23 BLOCK: \_\_\_\_\_ SUBDIVISION: Suzanne S/D PLATTED: \_\_\_\_\_

PROPERTY ID #: 03-45-17-07570-023 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 0.7 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 230 SE Carob Glen Lake City, FL 32025

DIRECTIONS TO PROPERTY: Hwy 90 to Baya - Baya to 100 take a right - take right on CR 245 - take 1st right onto Plant keep right at fork - Go down to Goldie 4th rd on right then go down and turn left on Carob - they will be the last house on the left.

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 home</u>	<u>3</u>	<u>1621</u>	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

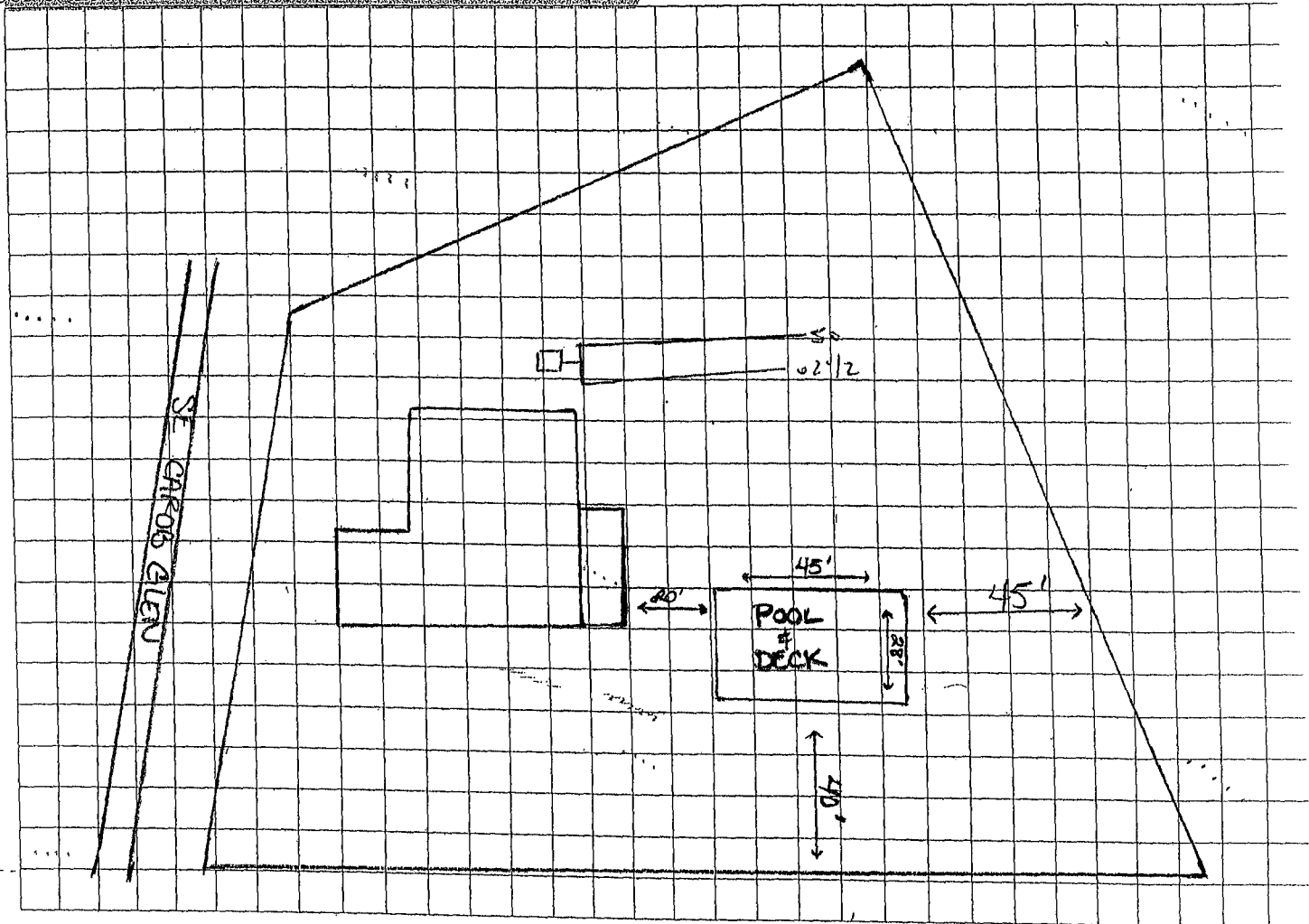
SIGNATURE: Agathia Bradford DATE: 12-20-13

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-653E

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Notes

Site Plan submitted by: James Nash

Plan Approved [Signature]

By [Signature]

Not Approved \_\_\_\_\_

Date 12/23/13

Columbia

County Health Department

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