



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

PERMIT NO. 20-0424  
DATE PAID: 6/2/20  
FEE PAID: 600.00  
RECEIPT #: 1507978

## APPLICATION FOR:

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

APPLICANT: Florida Holdings Trust (Laura Velez)

AGENT: North Florida Septic Tank Inc;

TELEPHONE: 386-755-8372

MAILING ADDRESS: 741 SE State Road 100 Lake City, Fla 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: 11 BLOCK: A SUBDIVISION: SUWANNE HILLS PLATTED: 1986

PROPERTY ID #: 21-2S-16-01689-111 ZONING: MISC RE I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ Yes DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 169 NW SUGAR CANE PLACE LAKE CITY, FLA

DIRECTIONS TO PROPERTY: 41N, UNDER 1-10, TL ON BAUGHN RD, TR ON CRACKNEL BREAD RD, TL ON SUGAR CANE LANE, TO 169 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	MOBILE HOME	3	1680	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Robert Ford DATE: 06/02/2020

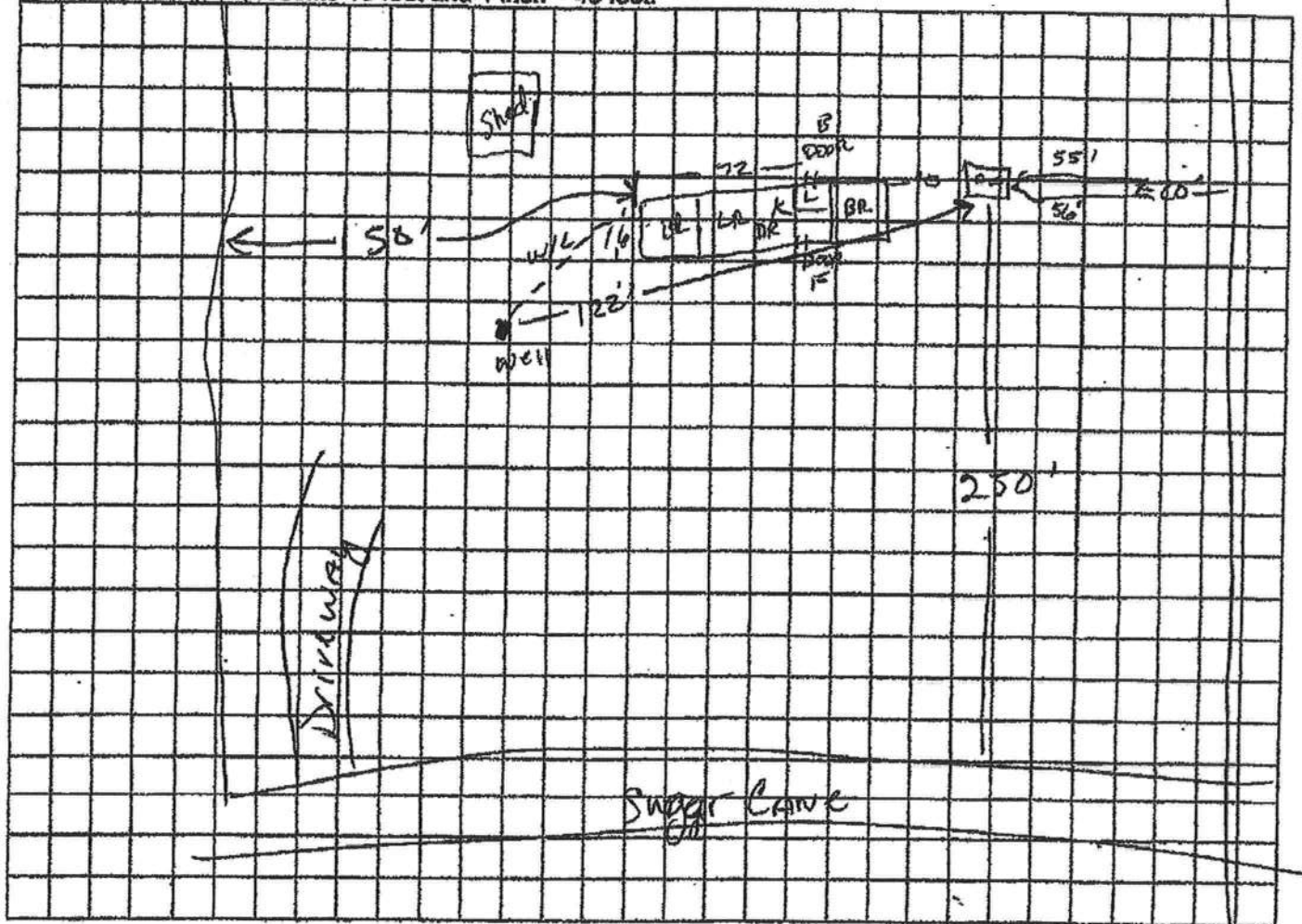
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Permit Application Number

Velez

20-0424

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



Notes:

Site Plan submitted by: Robert W. Ford III. Date 6/2/2020

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

By: Kellie Ray

Columbia

Date 6/4/2020

County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**