



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

CR # 10-5868

PERMIT NO. 14-8276  
DATE PAID: 5/13/14  
FEE PAID: 810.00  
RECEIPT #: 1146812

APPLICATION FOR:

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

APPLICANT: GARY MCREYNOLDS

AGENT: STANLEY CRAWFORD CONSTRUCTION

TELEPHONE: (386) 752-5152

MAILING ADDRESS: 1482 SW COMMERCIAL GLENN

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: 3 BLOCK: N/A SUBDIVISION: MAY-FAIR UNIT 3 PLATTED: 1993

PROPERTY ID #: 11-4S-16-02911-303 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 0.510 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 143 SW VANN CT.

DIRECTIONS TO PROPERTY: 90 WEST, TURN LEFT ON CR 247, TURN RIGHT ON MAYFAIR, TURN RIGHT ON VANN CT. SITE 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	<u>HOUSE</u>	<u>3</u>	<u>1,744</u>	
2				
3				
4				

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

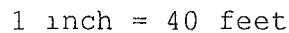
SIGNATURE: *[Signature]*

DATE: 5/13/14

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

OCCUPIED >75' TO WELL

NORTH



## Notes

RF