



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

PERMIT NO. 20-0428  
 DATE PAID: 6/2/20  
 FEE PAID: 600.00  
 RECEIPT #: 1508018

APPLICATION FOR:  
 New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary     \_\_\_\_\_

APPLICANT: Tara Laney  
 AGENT: Corbetts mobile home sales    TELEPHONE: 386-364-1340  
 MAILING ADDRESS: 1126 E Howard St Line OAK FL 32064

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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 04-35-17-04838-010    ZONING: RES    I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: .51 ACRES    WATER SUPPLY:  PRIVATE    PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 1077 NE Cheshire Ln

DIRECTIONS TO PROPERTY: Head east on 94th St toward 101st Dr. Turn left on CR 49, turn right onto US Highway 90, turn left onto CR 137, merge onto 140 toward Jacksonville take US 441 exit 303 turn left onto Nus Highway 441 turn right onto NE Hunt Ln turn right onto NE triple road. turn right onto Cheshire

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	2	2,128	
2				
3				
4				

**REVISED**  
6/5/20

[ ] Floor/Equipment Drains    [ ] Other (Specify) \_\_\_\_\_  
 SIGNATURE: Robert Corbett    DATE: 6/2/20

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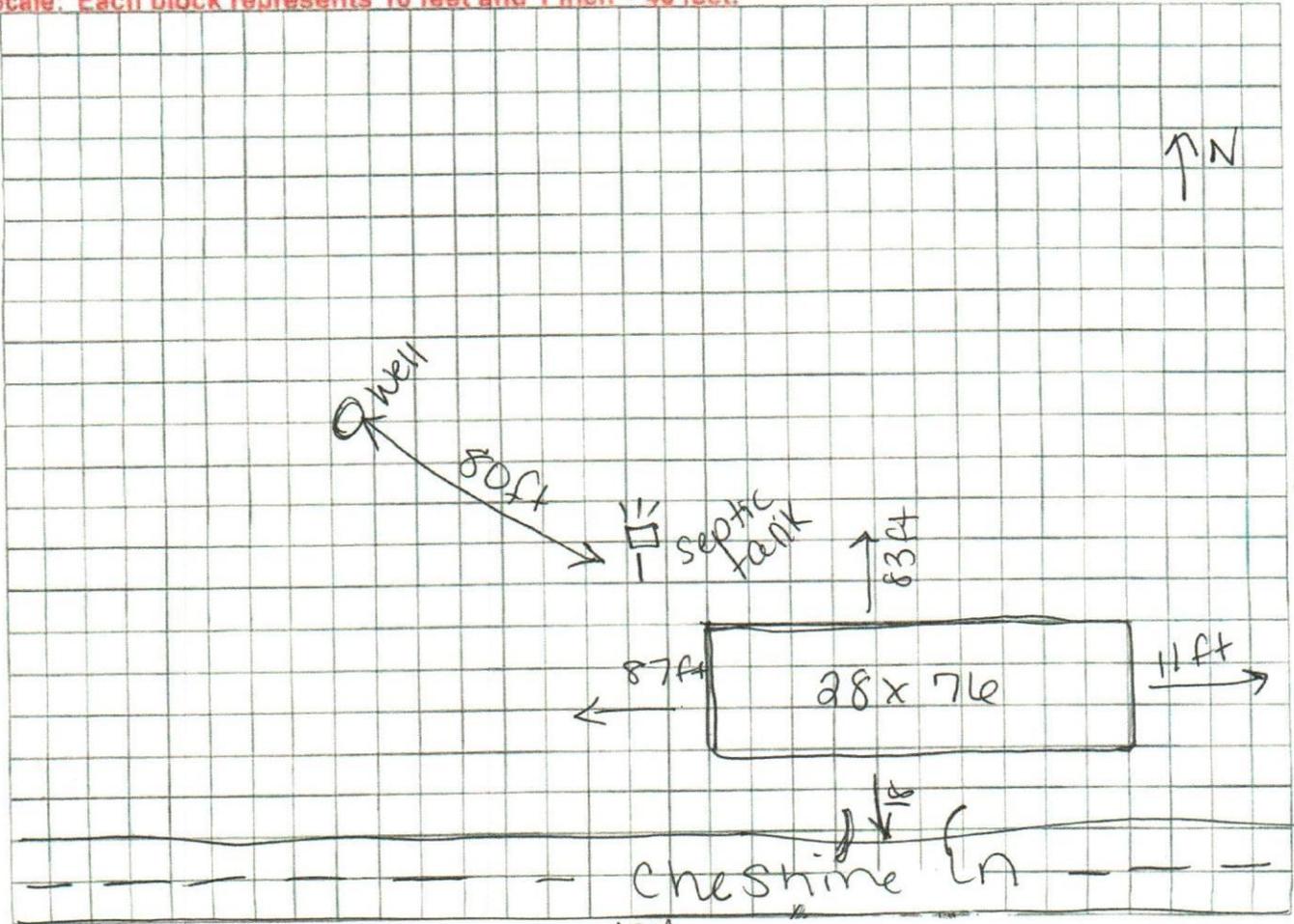
N

PART II - SITEPLAN

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

174

129



Notes:

S 174

Site Plan submitted by Robert Calvert TITLE \_\_\_\_\_ DATE: \_\_\_\_\_  
 Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date 4/5/2020  
 By Wm King Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT