



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

PERMIT NO.  
DATE PAID:  
FEE PAID:  
RECEIPT #:

20-0428  
4/3/20  
600.00  
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 #: 04-3S-17-04838-010 ZONING: RES I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: .51 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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 I-10 toward Jacksonville take US 441 exit 303 turn left onto US 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**  
4/5/20

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

SIGNATURE: Robert Corbett

DATE: 6/2/20

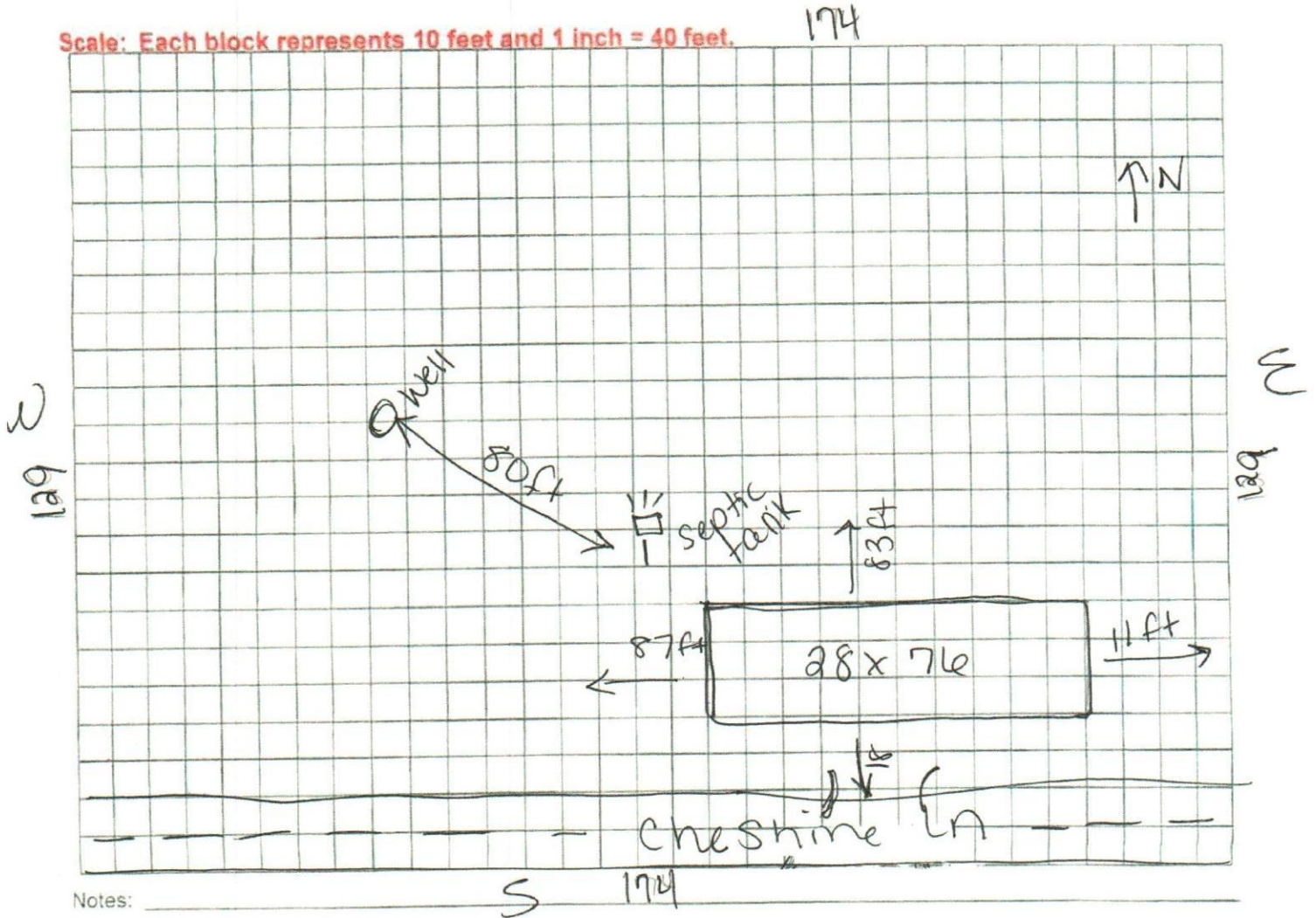
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PART II - SITEPLAN

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



Notes:

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

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT