

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

PERMIT NO.	21-0963
DATE PAID:	11/04/21
FEE PAID:	2000
RECEIPT #:	1746387

APPLICATION FOR: [] New System [] [] Repair []	Existing Sys Abandonment	tem [] Holding Tank] Temporary	k [] Inno	vative
APPLICANT: James Carmichael					
AGENT: Dale Burd		TELEPHONE: 386-365-7674			
MAILING ADDRESS: 20619 County	Road 137, Lake C	City, FL, 32024			
TO BE COMPLETED BY APPLICAN BY A PERSON LICENSED PURSUA APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUE	NT TO 489.10 TO PROVIDE D	5(3)(m) OR OCUMENTATIO	489.552, FLORIDA N OF THE DATE TO	A STATUTES. I HE LOT WAS CRE	T IS THE ATED OR
PROPERTY INFORMATION					
LOT: NA BLOCK: NA	SUBDIVISION	Metes & Bo	ınds	PLATTE	ED:
PROPERTY ID #: 12-4S-15-00348-	001	ZONING	G: I/M	OR EQUIVALENT	: [No]
PROPERTY SIZE: 2 ACRES IS SEWER AVAILABLE AS PER 3 PROPERTY ADDRESS: 607 SW Jafu DIRECTIONS TO PROPERTY: CR	81.0065, FS? as Ave. Lake City,	[No] FL, 32024	DIST		
BUILDING INFORMATION	[√] RESI	DENTIAL	[] COMMERC	CIAL	
Unit Type of No Establishment	No. of Bedrooms		Commercial/Inst		
1 SF Residential / MH	2	1173	2 BR for 2 BR Like f	for Like	
2			ORIGINAL	ATTACHED —	
3			ORIGINAL	ATTACHED	
4					
[] Floor/Equipment Drain	s [] Oth	ner (Specify	7)		
SIGNATURE:				DATE: 11/22/20	021

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

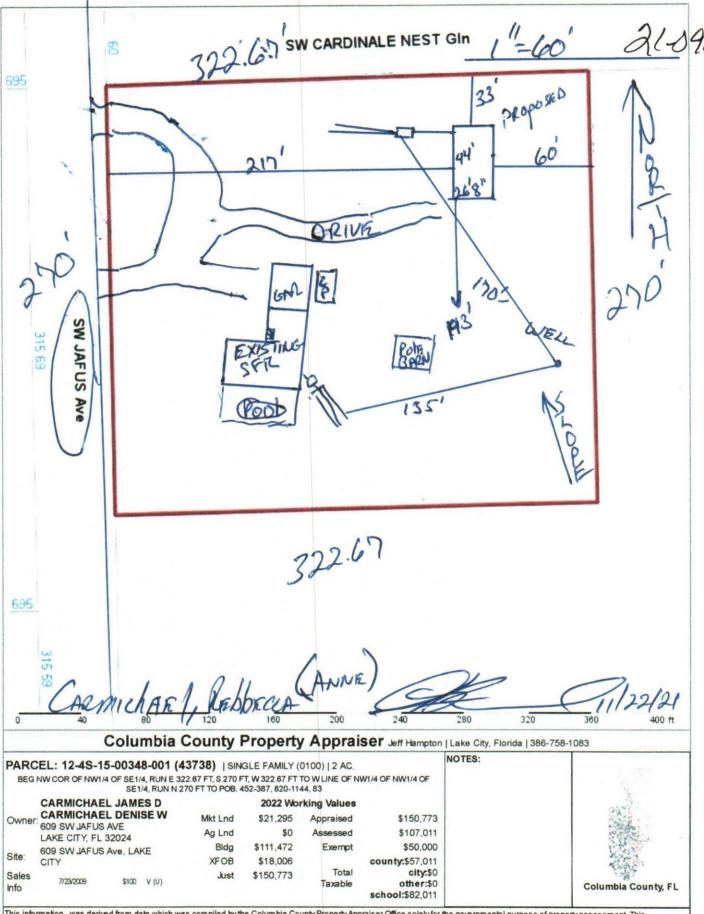
Permit Application Number 21-0943

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	Permit Application Nu	Tibel Of Off
Cosmichan	ART II - SITEPLAN	
	ART II - SITEPLAN	
cale: 1 inch = 40 feet.		
	1	
2 6	Neo	
MERSE KKY	AU	
? (Sk) X		
otes:		
ite Plan submitted by:		CONTRACTOR
	of Approved	Date 1/ 30(7)
y	Columbia CHD	_ County Health Department
ALL CHANGES MUST BE APPR	OVED BY THE COUNTY HEALTH D	DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC

(Stock Number: 5744-002-4015-6)



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