

SSO 351122725



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

PERMIT NO: 91-1015
DATE PAID: 12/21/21
FEE PAID: 328.00
RECEIPT #: 1777811

APPLICATION FOR:

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

APPLICANT: Ernest + Noreen LangleyAGENT: Sonja North TELEPHONE: 908-415-9774MAILING ADDRESS: 274 NW Michelle Pl Lake City FL 32055

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: 26 BLOCK: _____ SUBDIVISION: Northwood Acres PLATTED: _____PROPERTY ID #: 02-35-16-01946-039 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 274 NW Michelle Pl Lake City FL 32055DIRECTIONS TO PROPERTY: L on NE Madison St, R on US 41 N,
L on NW Michelle Pl, property on L

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>Mobile Home</u>	<u>3</u>	<u>1493</u>	<u>— ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Sonja North DATE: 12/9/21

Permit Application Number _____

21-1015

PART II - SITEPLAN

See attached

Notes: _____

Site Plan submitted by: Song Nith

Plan Approved

Not Approved_____

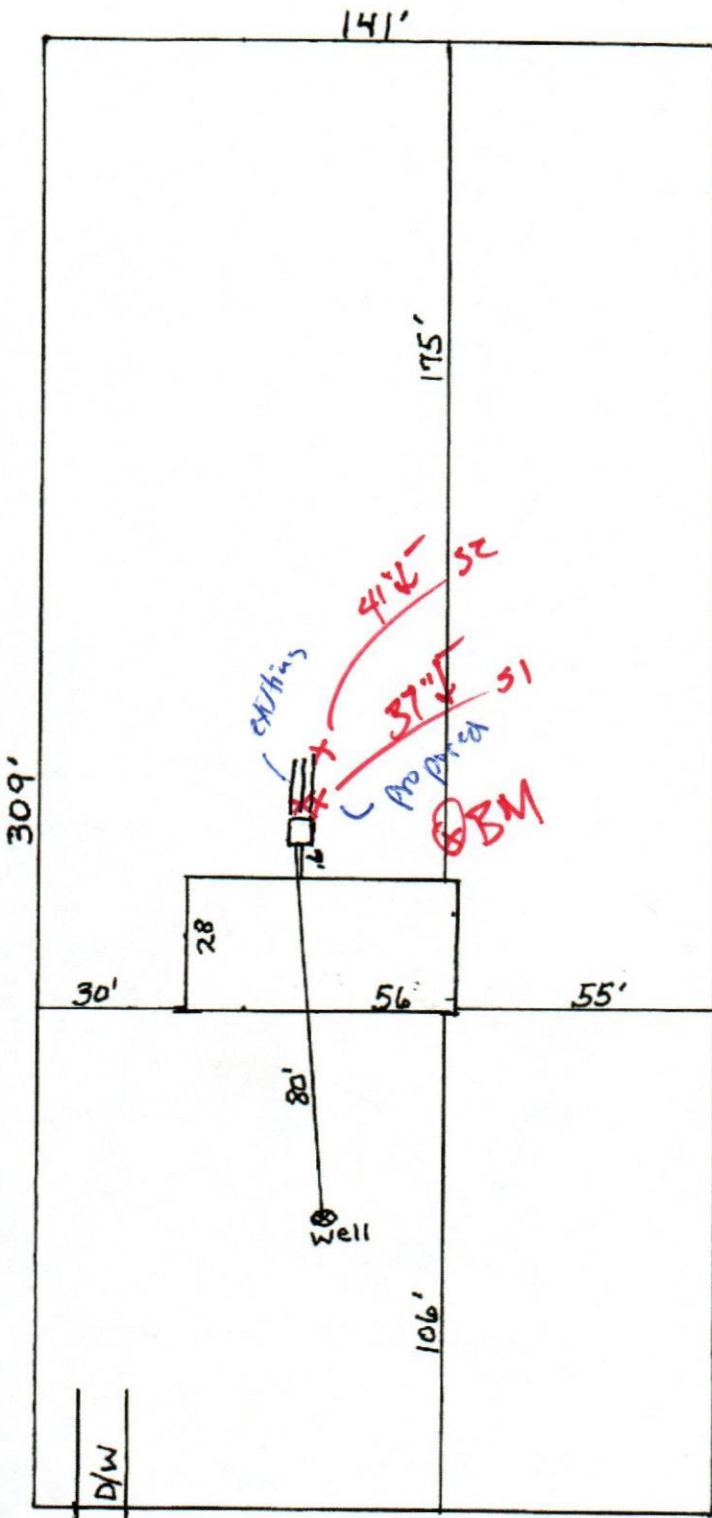
Date 12/28/21

By Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

21-1015

1" = 40'



274

~~274~~ NW Michelle PL

LANGLEY