



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

PERMIT NO. 22-0278  
DATE PAID: 4/13/22  
FEE PAID: 310.00  
RECEIPT #: 1814814

APPLICATION FOR:

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

APPLICANT: Brent Strickland

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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 314 Strickland Rentals MHP

LOT: 1        BLOCK: 4 SUB: Flora Crest Farms PLATTED:       

PROPERTY ID #: 28-4S-17-08815-000 ZONING:        I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 1.75 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 174 SW County Road 242A, Lake City, FL

DIRECTIONS TO PROPERTY: TL onto US-41S, TR onto CR 242A,  
trailer park on the left after the 1st house  
on the corner.

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	SF Residential	2	784	
2	SF Res.	2	784	
3				

☐ Floor/Equipment Drains ☐ Other (Specify)       

SIGNATURE: William D. Bishop II DATE: 3/9/2022

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

Permit Application Number 22-0278

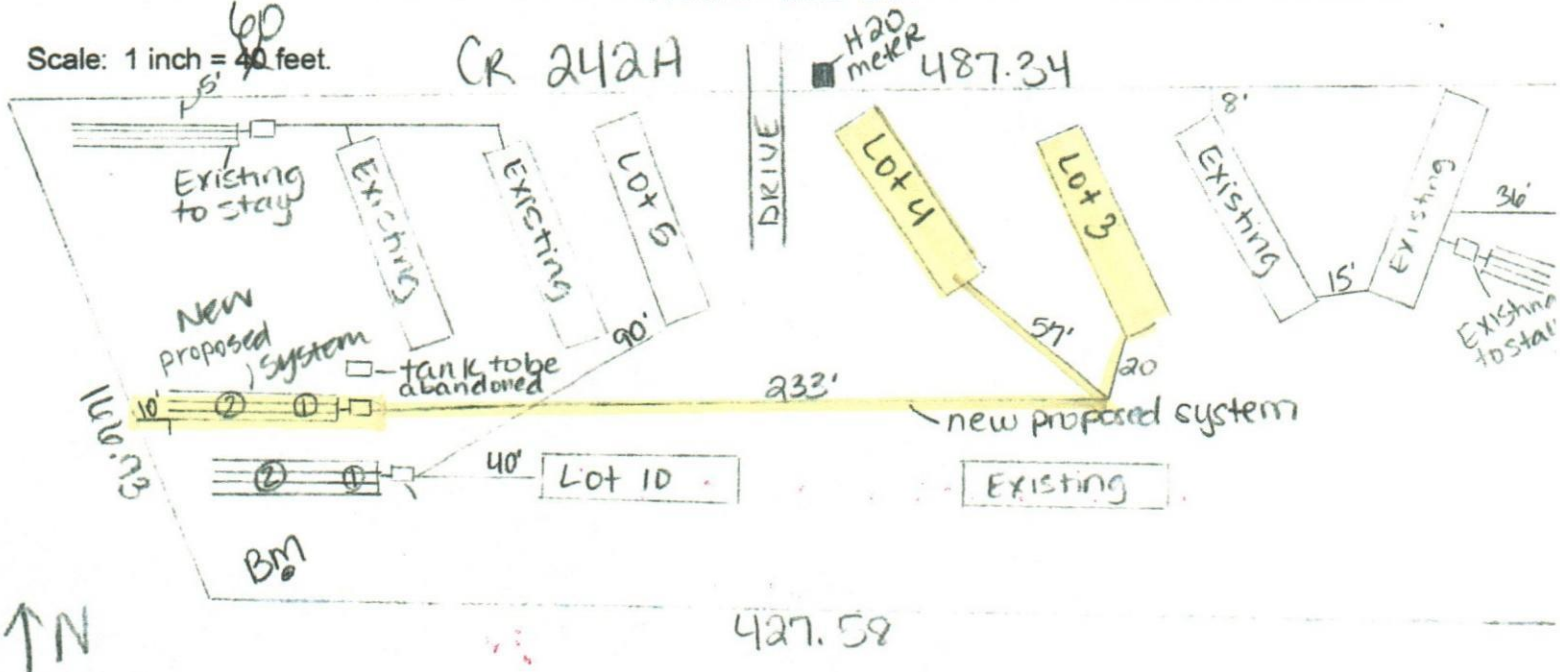
Strickland

PART II - SITEPLAN

Scale: 1 inch = 40 feet.

CR 242H

H2O meter 487.34



Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: William D. Bishop II  
Plan Approved X Not Approved \_\_\_\_\_  
By [Signature] Columbia CHD

MASTER CONTRACTOR  
Date 3-9-22  
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT