



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

PERMIT NO. 13-03321E  
DATE PAID: 6/12/13  
FEE PAID: 125.00  
RECEIPT #: 111000

APPLICATION FOR:

[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: Jesus Bocanegra

AGENT: Same

TELEPHONE: 386-755-6200

MAILING ADDRESS: 129 SW Erin gln

Cell: 867-1478  
867-1477

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: 23 BLOCK: \_\_\_\_\_ SUBDIVISION: Southwood meadows PLATTED: \_\_\_\_\_

PROPERTY ID #: 01-55-16-03405-13 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 1 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 129 SW Erin gln

DIRECTIONS TO PROPERTY: Hwy 47 2 miles From Hwy 75 South left on  
Walter ave left on little road Follow Southwood meadows  
turn Right into subdivision on Right hand corner Erin gln

BUILDING INFORMATION

[X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC	
1	SFR	3	2012	existing	NO ORIGINAL FOUND
2	Family room		1032	addition	
3					
4		3	3044	total	

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Jesus Bocanegra

DATE: 6/12/13

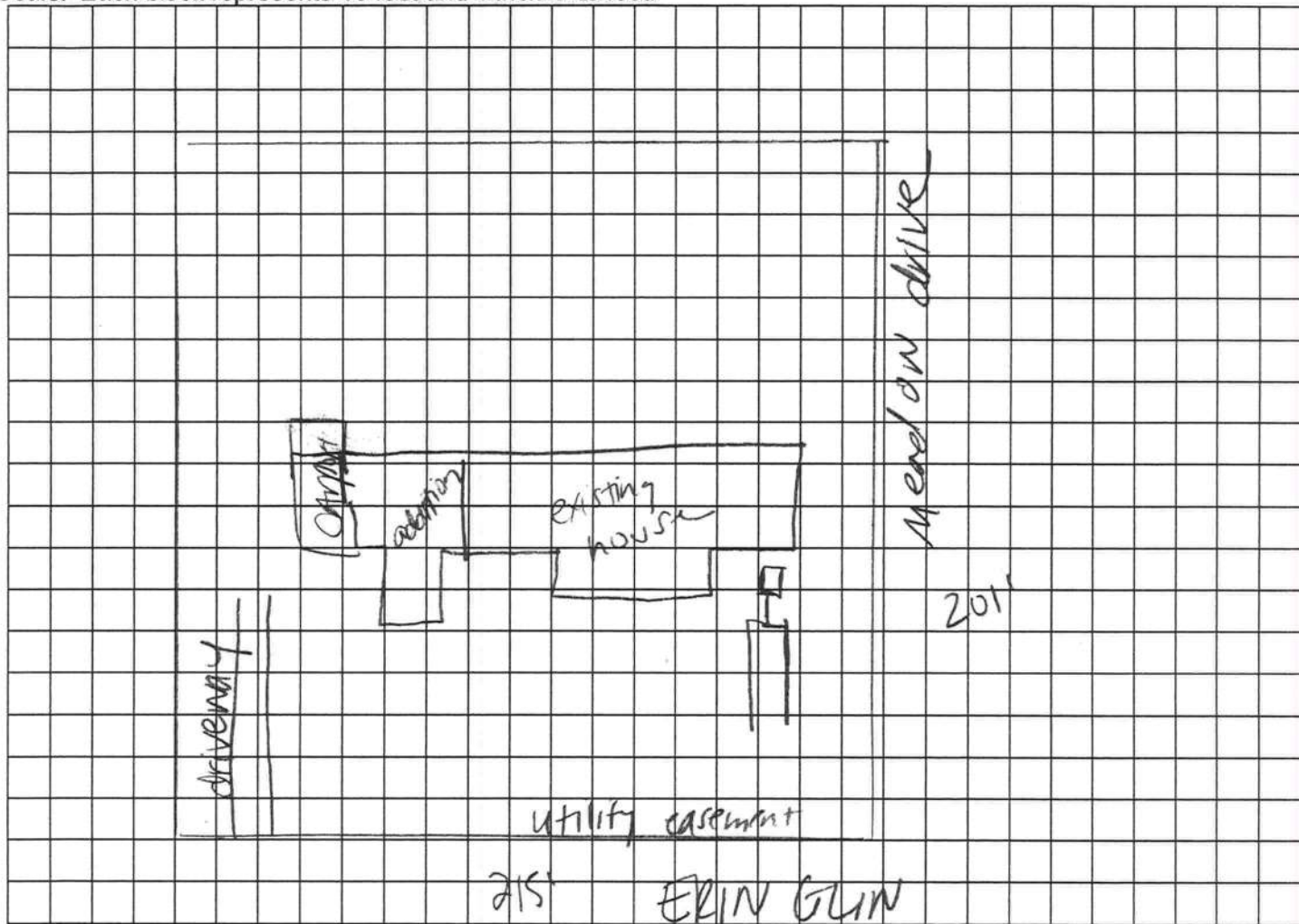
58

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-0332E

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = <sup>50</sup>~~40~~ feet.



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

Site Plan submitted by: Jenna Bozaryan

Plan Approved P Not Approved \_\_\_\_\_

Date 6/21/13

By [Signature] Columbia County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**