



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

PERMIT NO. 13-0007
DATE PAID: 11/22/13
FEE PAID: 319.00
RECEIPT #: 1121014

APPLICATION FOR:

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

APPLICANT: Jerry WestAGENT: Don Reed Construction, Inc TELEPHONE: 752-4072MAILING ADDRESS: 2230 SE Baya Dr Ste 101 L.C.

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: 4 BLOCK: 2 SUBDIVISION: Fairway View U-2 PLATTED: 9/14/78PROPERTY ID #: 26-3S-16-02307-005 ZONING: Res I/M OR EQUIVALENT: ☐ No ☐PROPERTY SIZE: 0.53 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ <=2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ DISTANCE TO SEWER: 1114 FTPROPERTY ADDRESS: 463 NW Harris Lake Drive L.C.

DIRECTIONS TO PROPERTY: From Lake City take US 90 West, turn right on NW Commerce Drive (turns into NW Fairway Drive) Turn right on NW Egret. Turn Left on NW Harris Lake Drive. Continue 600' to property on right

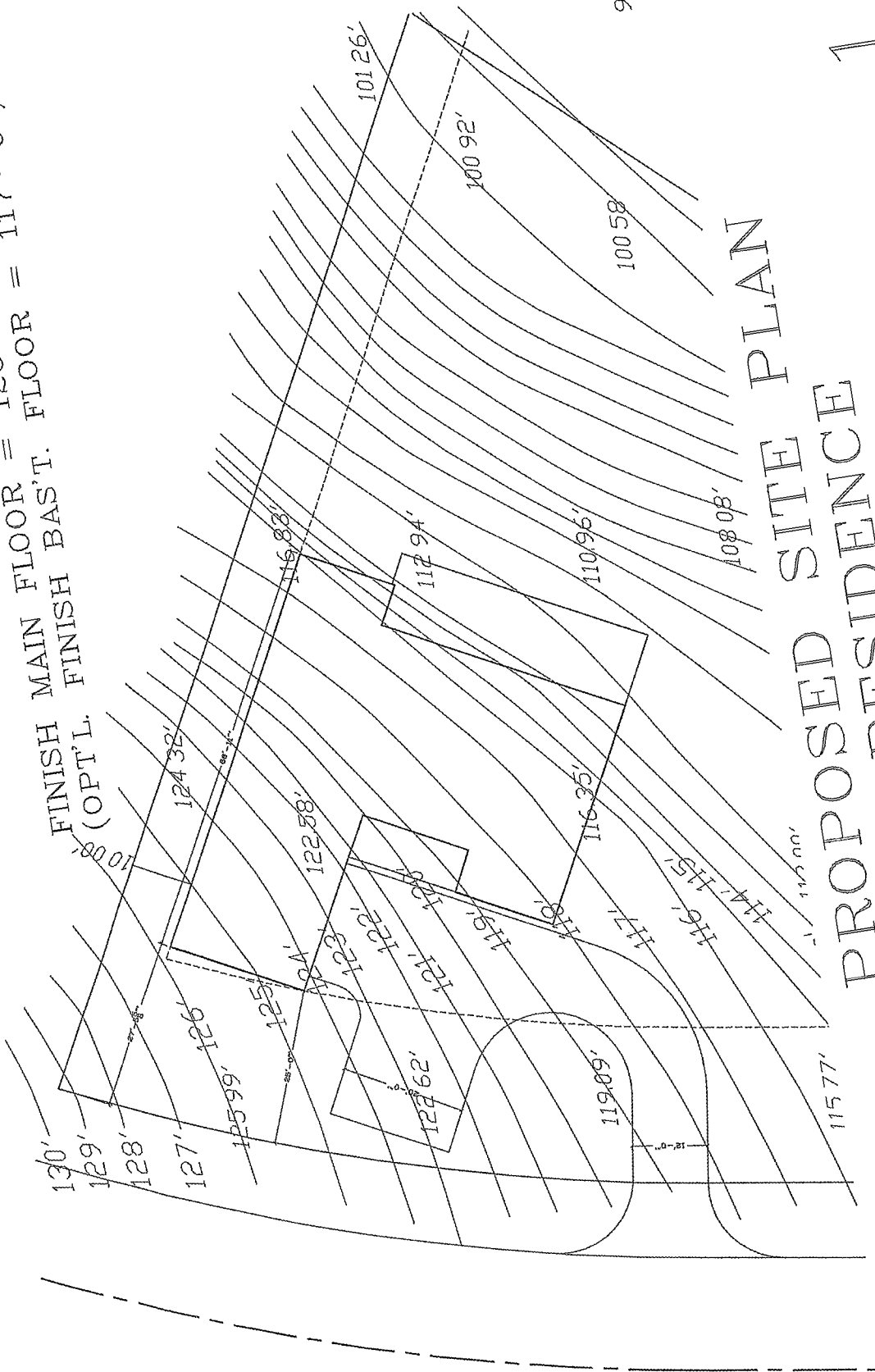
BUILDING INFORMATION

☒ RESIDENTIAL☐ COMMERCIAL

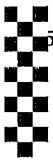
Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SFR	3	2375	Head fir site plan
2				cautions 12/2/13
3				zone n
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Don ReedDATE: 11.22.13

FINISH MAIN FLOOR = 126'-0"
(OPT'L. FINISH BAS'T. FLOOR = 117'-0")



PROPOSED SITE PLAN WEST RESIDENCE



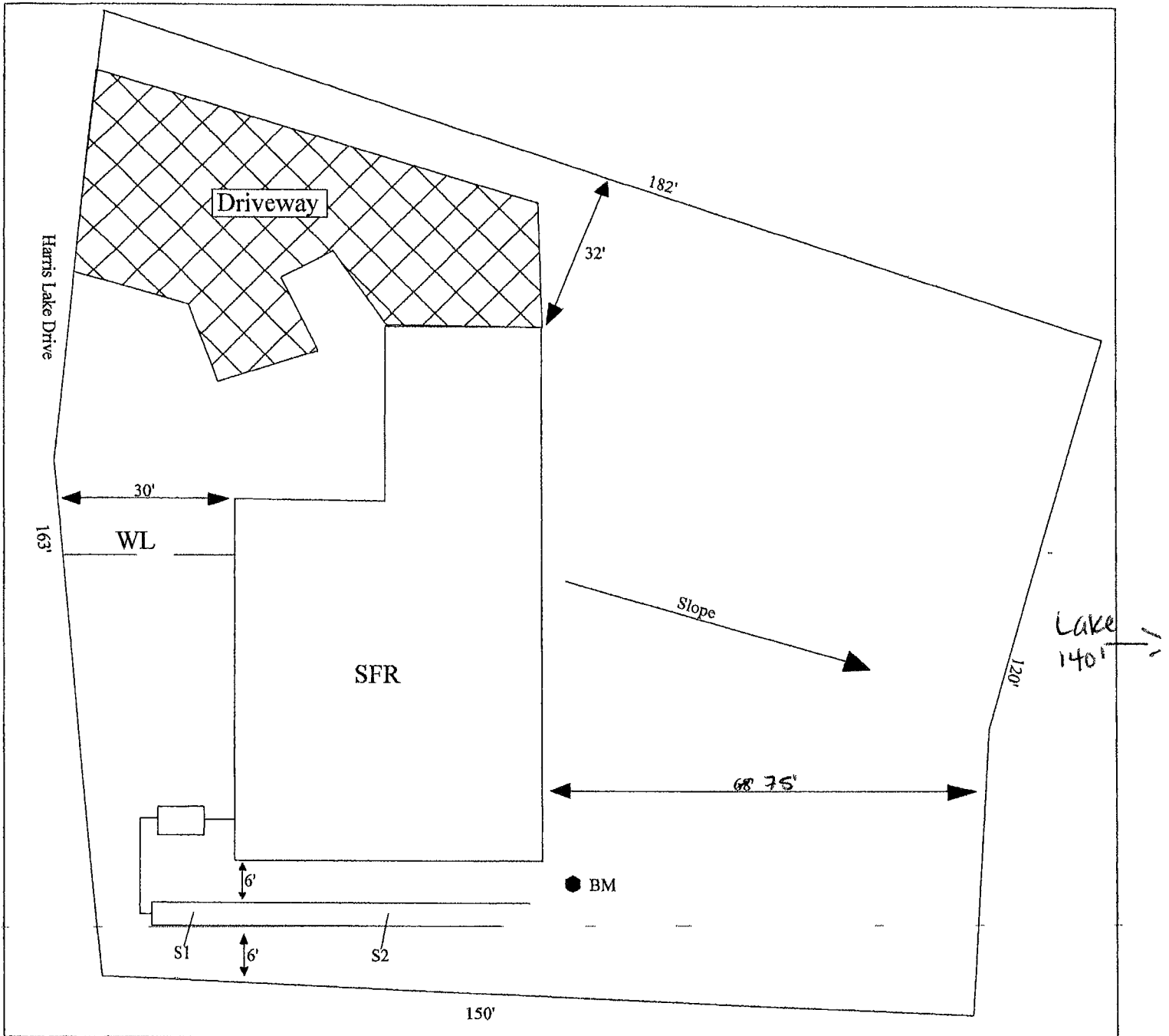
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PART II SITE PLAN

PERMIT APPLICATION NUMBER 13-0607

APPLICANT: Jerry West

SCALE: 1"=300' 1.25



NOTES: no wells

SITE PLAN SUBMITTED BY: Elliott Bronson
ELLIOT BRONSON 11-1789

PLAN APPROVED X NOT APPROVED _____ DATE 12/31/13

BY [Signature] COUNTY HEALTH DEPARTMENT