



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

PERMIT NO. 22-0297
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:

[☒] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [] _____

APPLICANT: CHRISTOPHER WILKEY

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FLA 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: --- BLOCK: --- SUBDIVISION: --- PLATTED: _____

PROPERTY ID #: 27-4S-16-03208-211 ZONING: _____ I/M OR EQUIVALENT: [No ☒]

PROPERTY SIZE: 7 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [No ☒] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: TBD SW DYAL AVE, LAKE CITY FLA

DIRECTIONS TO PROPERTY:

on Sister Welcomes Rd
Road name changes to SW Dyal Ave

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>SFR</u>	<u>3</u>	<u>2316</u>	
2	<u>Shed</u>	<u>—</u>		
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Robert W. Dye

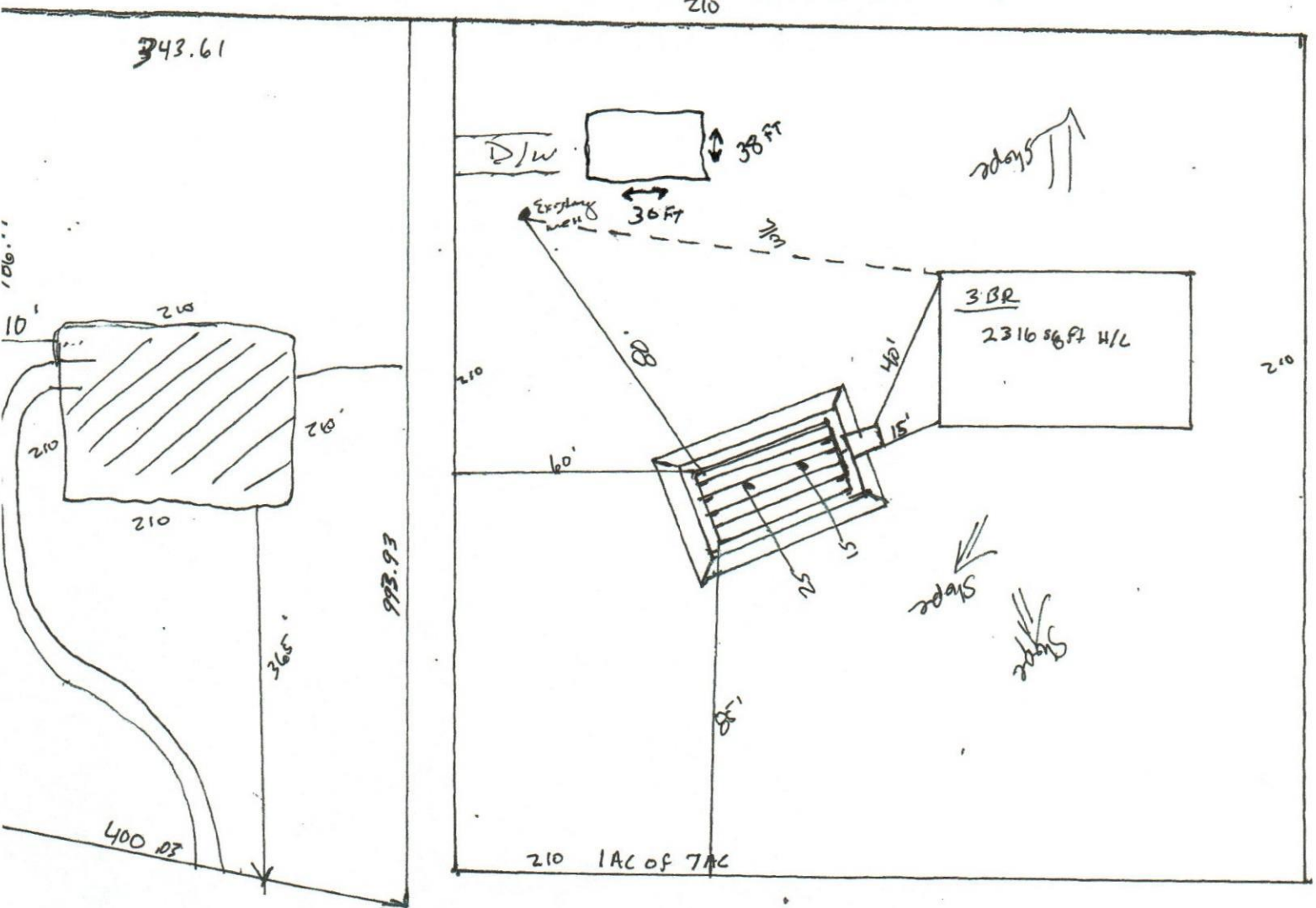
DATE: 4-4-2022

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

22-0297

Wilkey



Plan submitted by: Rahmawati J. III Date 4-4-2022

Approved X

Not Approved Columbia CHD

Date 4/17/22

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT