



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

PERMIT NO. 21-0078
DATE PAID: 1/27/21
FEE PAID: 1600.00
RECEIPT #: 1616218

APPLICATION FOR:

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

APPLICANT: Bill Harvey JR

AGENT: _____ TELEPHONE: 386-292-4956

MAILING ADDRESS: 690 NE Calvin Ave 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: 11 BLOCK: _____ SUBDIVISION: Five Points PLATTED: _____

PROPERTY ID #: 17-35-17 04967-152 ZONING: _____ I/M OR EQUIVALENT: [Y] N

PROPERTY SIZE: 1.04 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 60 FT

PROPERTY ADDRESS: 690 NE Calvin Ave Lake City Fla 32055

DIRECTIONS TO PROPERTY: 441 North To Tammy Lane Turn Right on Tammy Lane come down to First Road on the Left And Im The First Place on the Left

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	<u>metal building</u>	<u>2</u>	<u>900</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

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

SIGNATURE: Bill Harvey DATE: 1-25-21

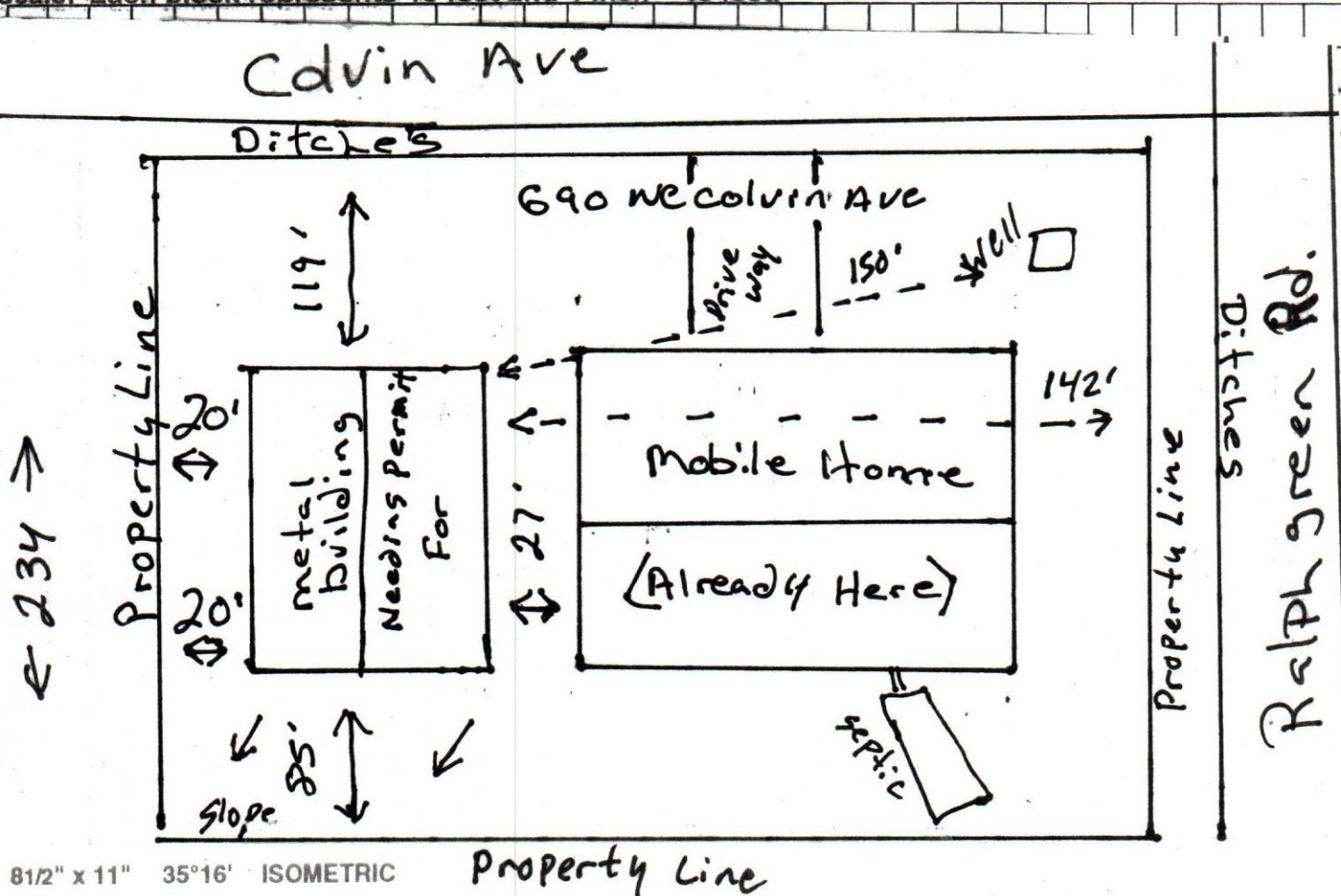
Silvereagle 1973@gmail

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0048
48217

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

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes:

Site Plan submitted by: Bill Harvey

TITLE

DATE:

Plan Approved

Not Approved

Date

By

Kelly Kay

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT