



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

PERMIT NO. 22-0009
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:

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

APPLICANT: Amber Mickel

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: 153 SE Pine Dr Lake City 32025

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: N/A PLATTED: _____

PROPERTY ID #: 01-45-15-00320-004 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 107 SW mebody Glen Lake City 32024

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

[X] RESIDENTIAL [] COMMERCIAL

Unit Type of No. of Building Commercial/Institutional System Design
No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC

1	manufactured home	4	2	
2				
3				
4				

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

SIGNATURE: [Signature] DATE: 12/28/20

DM 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

48072

Permit Application Number 21-0009

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



ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT