



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

PERMIT NO. 22-0184
 DATE PAID: 3/3/22
 FEE PAID: 622.00
 RECEIPT #: 1857992

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: Kayla Johnson

AGENT: _____ TELEPHONE: 386 288 2337

MAILING ADDRESS: 181 SW Rizzo Gln Lake City Fl. 32024

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: 15 BLOCK: _____ SUBDIVISION: Kal Way PLATTED: _____

PROPERTY ID #: 32-35-16-02430-015 ZONING: _____ I/M OR EQUIVALENT: [Y] [N]

PROPERTY SIZE: 0.89 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 181 SW Rizzo Gln Lake City Fl. 32024

DIRECTIONS TO PROPERTY: Take Hwy 90 west towards live Oak. Right before Russel's take left on Thomas Ter. go down 4 houses the take left on Rizzo Gln. first drive on left.

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	mobile Home	2	1540	
2				
3				
4				

ORIGINAL ATTACHED

- Floor/Equipment Drains Other (Specify) _____

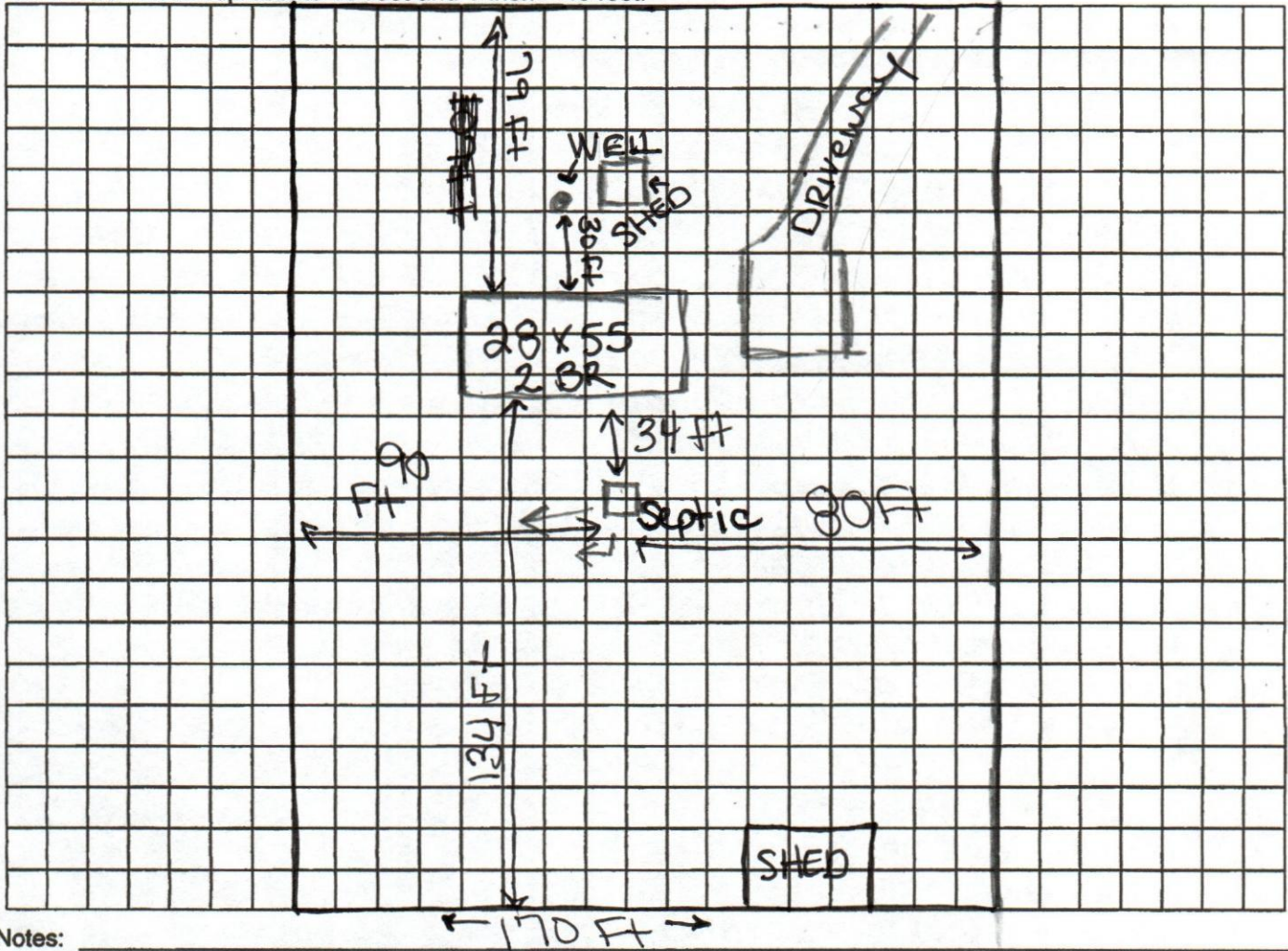
SIGNATURE: Kayla Johnson DATE: 3-2-2022

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

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



Notes: _____

Site Plan submitted by Kayla Johnson
 Plan Approved X Not Approved _____ Date 3-2-22
 By [Signature] Columbia CHD County Health Department
3/2/22

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT