



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

PERMIT NO. 20-0664  
DATE PAID: 7/30/20  
FEE PAID: 425.00  
RECEIPT #: AP152877

APPLICATION FOR:

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

APPLICANT: Deliz Colon Maranto

AGENT: Deliz Colon Maranto

TELEPHONE: (386) 365-7402

MAILING ADDRESS: 621 SW Suwannee Downs Dr 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: 28 BLOCK: \_\_\_\_\_ SUBDIVISION: Magnolia Hills S/O PLATTED: \_\_\_\_\_

PROPERTY ID #: 28-35-16-02377-129 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: .50 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: NW Katelyn Way

DIRECTIONS TO PROPERTY: 90 W, right on Brown Rd, 1st right on NW Ethan Place, Left on Katelyn Way, Lot #28 (1st residential lot) on the 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	<u>D/W/M/H</u>	<u>3</u>	<u>1680</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Deliz Colon Maranto

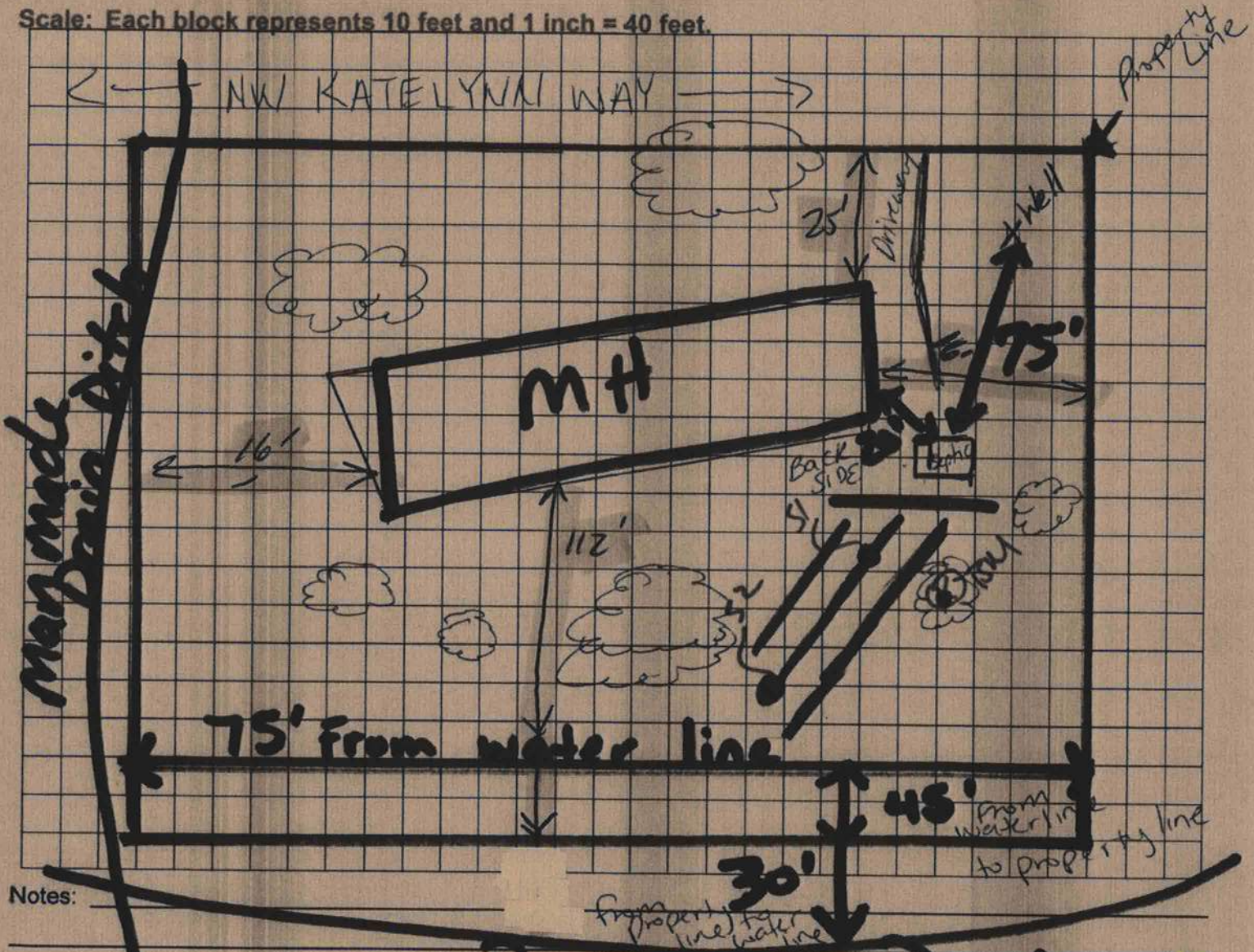
DATE: 7/29/20

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0604

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

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



Notes:

Site Plan submitted by: [Signature] Agent: [Signature] Owner: [Signature] Date: 8-17-20  
Plan Approved [Signature] Not Approved            Date 8/18/20  
By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT