

SSD 117 108271



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

PERMIT NO. 21-0404
DATE PAID: 4/28/21
FEE PAID: 425.00
RECEIPT #: 1639296

APPLICATION FOR:

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

APPLICANT: Terry Blankenkaker

AGENT: Oda Price

TELEPHONE: _____

MAILING ADDRESS: 3360 150th PL 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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 15-25-14-01415-005 ZONING: A3 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5-01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 4914 NW Lassie Black St

DIRECTIONS TO PROPERTY: Head N on NE Hernando Ave toward NE Justice St (O) onto NE Madison St @ onto 441 N/NW Main Blvd (O) NW Lassie Black St destination on (O)

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>Install DW MH</u>	<u>4</u>	<u>2254</u>	<u>proposed</u>
2				
3				
4				

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

SIGNATURE: Oda Price

DATE: 4/20/21

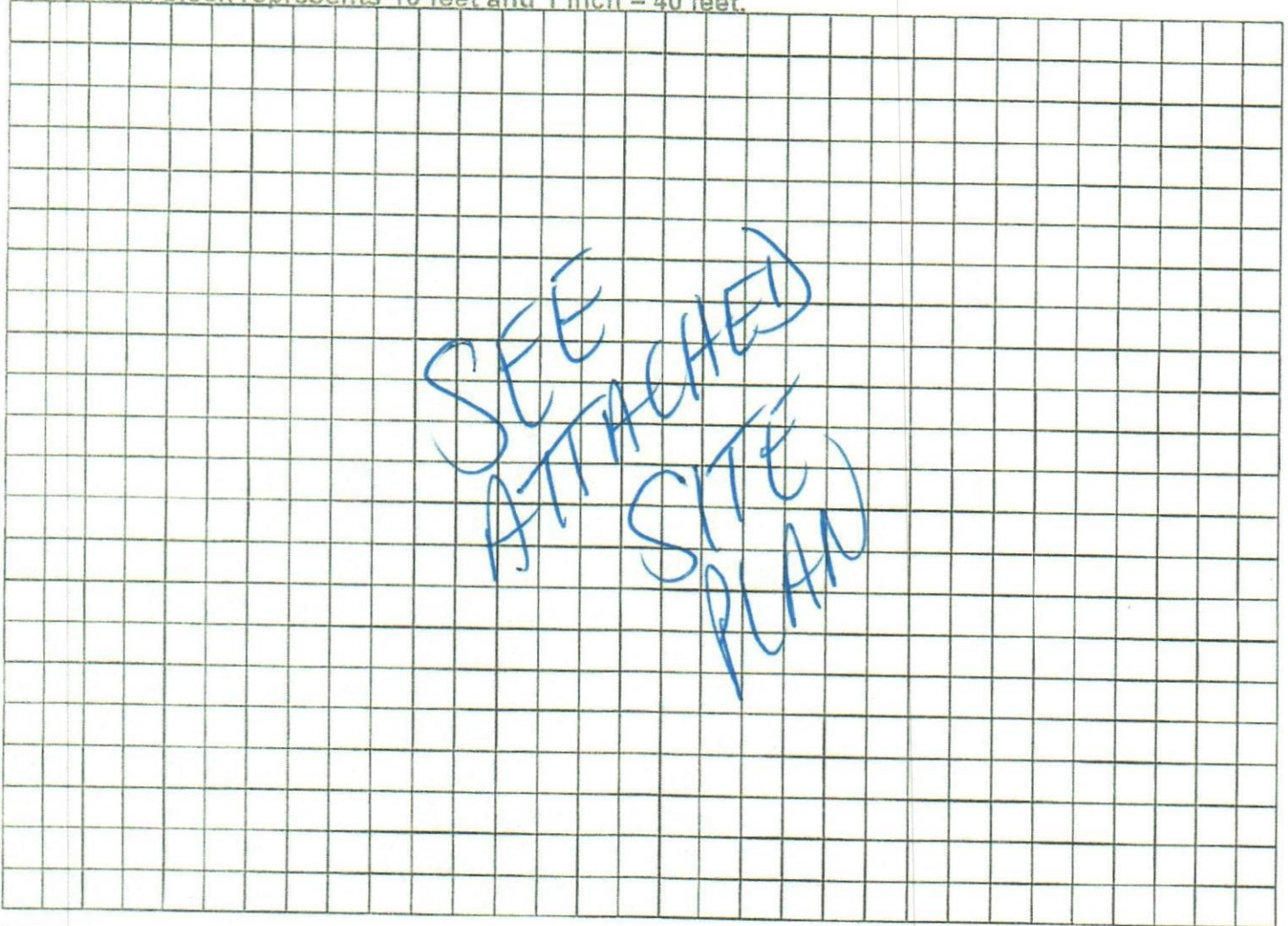
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

21-0404

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

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



Notes: _____

Site Plan submitted by: _____

TITLE Agent

DATE: 4/21/21

Plan Approved X

Not Approved _____

Date 5/10/21

By _____

Columbus County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

