



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

PERMIT NO. 21-0878
DATE PAID: 10/21/21
FEE PAID: 400.00
RECEIPT #: 1758803

APPLICATION FOR:

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

APPLICANT: Crews, JAMES L

AGENT: Crews, JAMES L TELEPHONE: 352-391-2115

MAILING ADDRESS: 219 SW Fielding Way
Fort White, FLA 32038

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: 5/1/2005

PROPERTY ID #: 01-35-15-00128-002(335) ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N]

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

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

PROPERTY ADDRESS: 364 NW Lower Springs Rd Lake City FL 32055

DIRECTIONS TO PROPERTY: Lake Jeffery Rd to 364 NW Lower Springs Rd
Lake City

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>Pole Barn</u>	<u>—</u>	<u>800</u>	<u>no sig</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

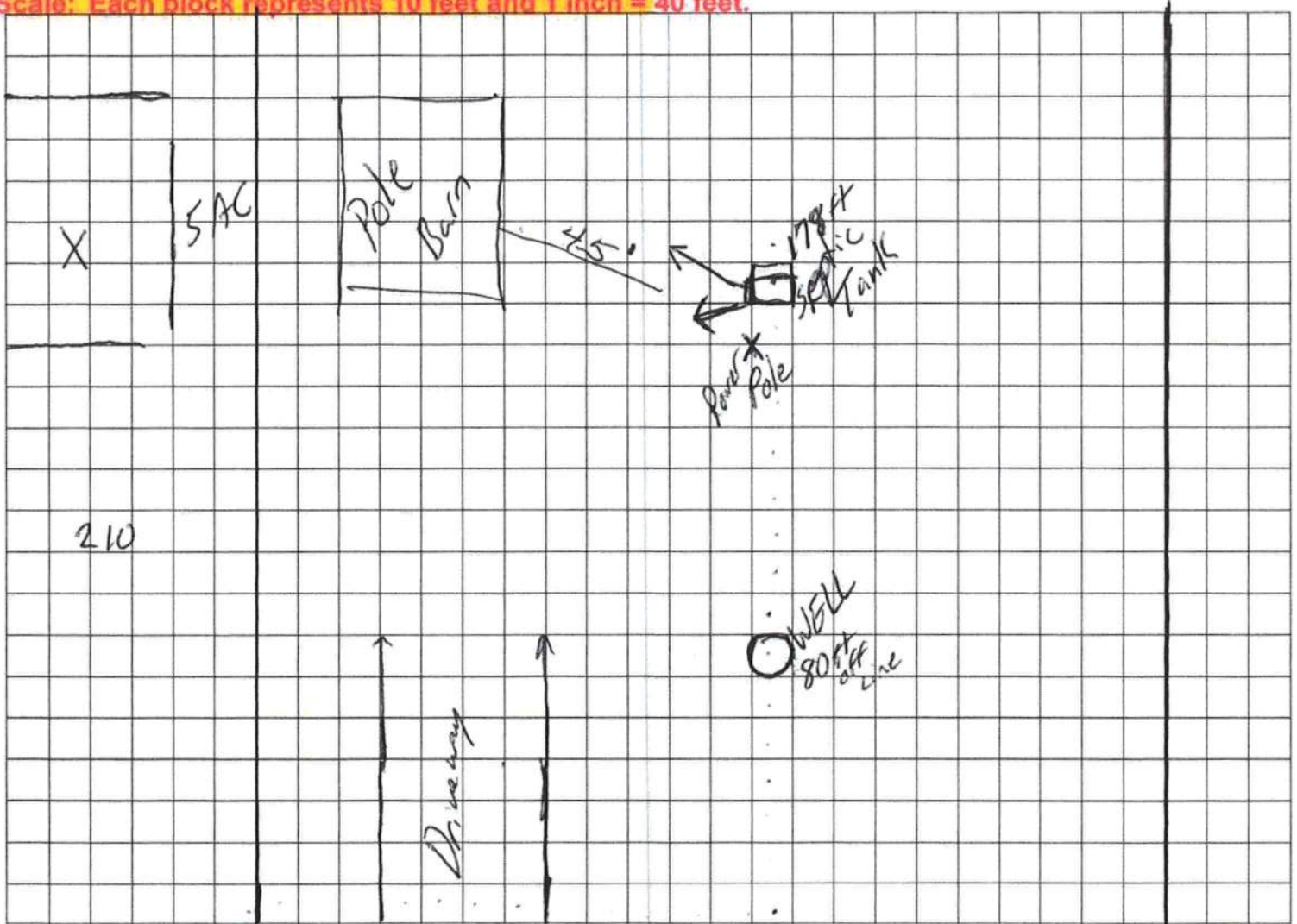
SIGNATURE: James L Crews DATE: 10/21/21

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

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



Notes: _____

Site Plan submitted by: _____ Agent: _____ Owner: _____ Date: 10/20/21
Plan Approved X Not Approved _____ Date 10/25/21
By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT