



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

PERMIT NO. 21-0818
DATE PAID: 10/7/21
FEE PAID: 6000
RECEIPT #: 1755761

APPLICATION FOR:

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

APPLICANT: Don Weiffenbach

AGENT: TNEA Foster TELEPHONE: 386-590-4207

MAILING ADDRESS: 10314 US Hwy 90 E. Live Oak, FL

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: 13 BLOCK: B SUBDIVISION: Ranchettes Unit PLATTED: _____

PROPERTY ID #: 28-35-16-02350-002 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 2.5 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ $\leq 2000\text{GPD}$ ☐ $> 2000\text{GPD}$

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

PROPERTY ADDRESS: 305 NW Battle Hill Lane Lake City, FL

DIRECTIONS TO PROPERTY: Take 90 E To Brown Rd take
(D) go Down to Battle Hill Lane (NW) take (C)
go .03 miles property on (D)

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	M/H Residence	2	1214	<u>no orig</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: _____

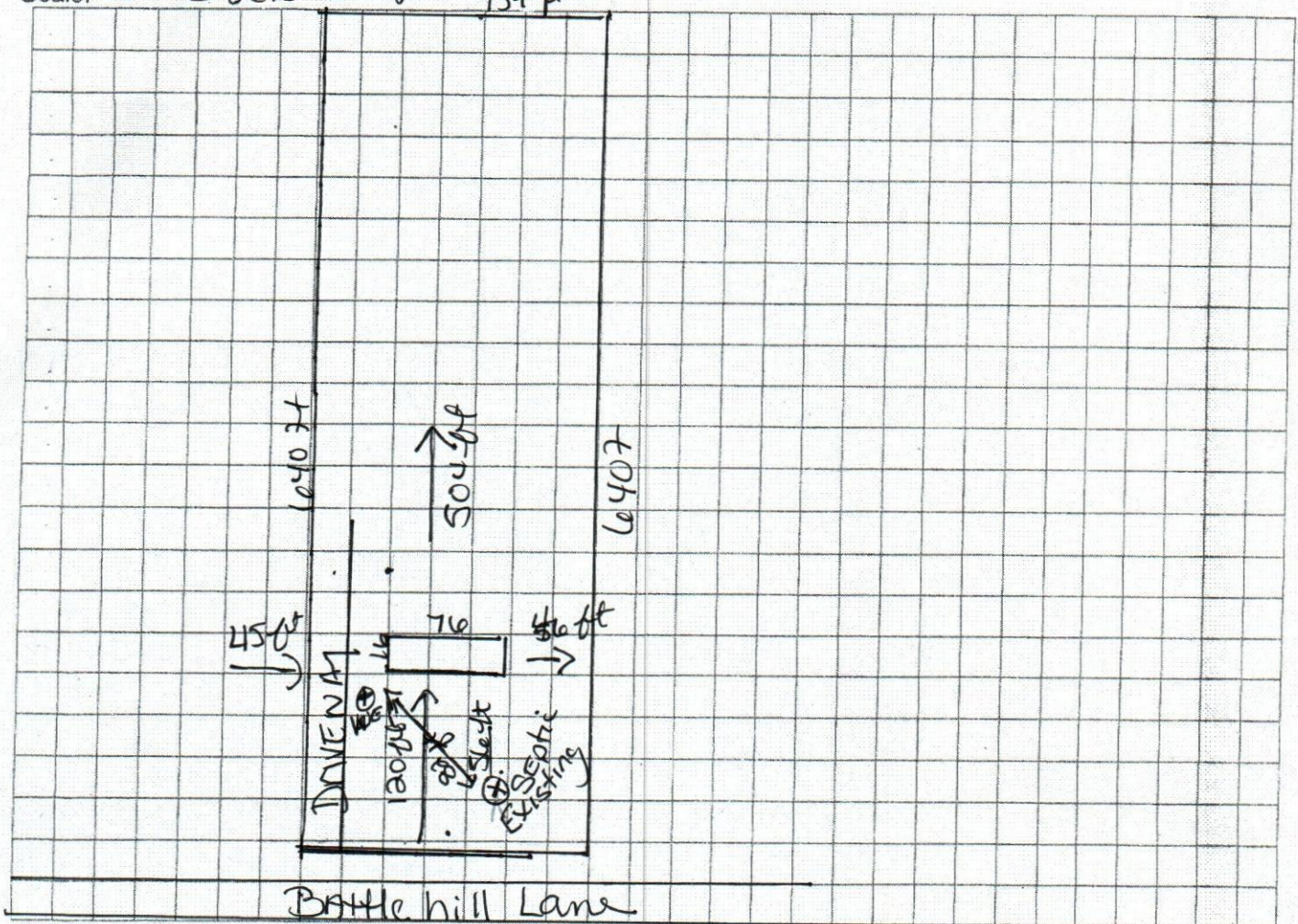


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----- PART II - SITEPLAN -----

Scale: EA. Block = 30 ft 159 ft



Notes: _____

Site Plan submitted by: [Signature]

Plan Approved X Signature Not Approved _____

By [Signature] Date 10/15/21 Title _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT