



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

PERMIT NO: 21-0321
DATE PAID: 4/1/21
FEE PAID: 600.00
RECEIPT #: 1452652

APPLICATION FOR:

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

APPLICANT: Brian K BOATRIGHT

AGENT: _____ TELEPHONE: 386-984-0328

MAILING ADDRESS: 156 SW Kelliche 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: 14 BLOCK: _____ SUBDIVISION: Kelliche Estates PLATTED: _____

PROPERTY ID #: 29-45-16-0326-114 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 156 SW Kelliche Gln Lake City FL 32024

DIRECTIONS TO PROPERTY: _____

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	Storage Metal Bldg	8	1,500	attached 92-352
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 3/30/21

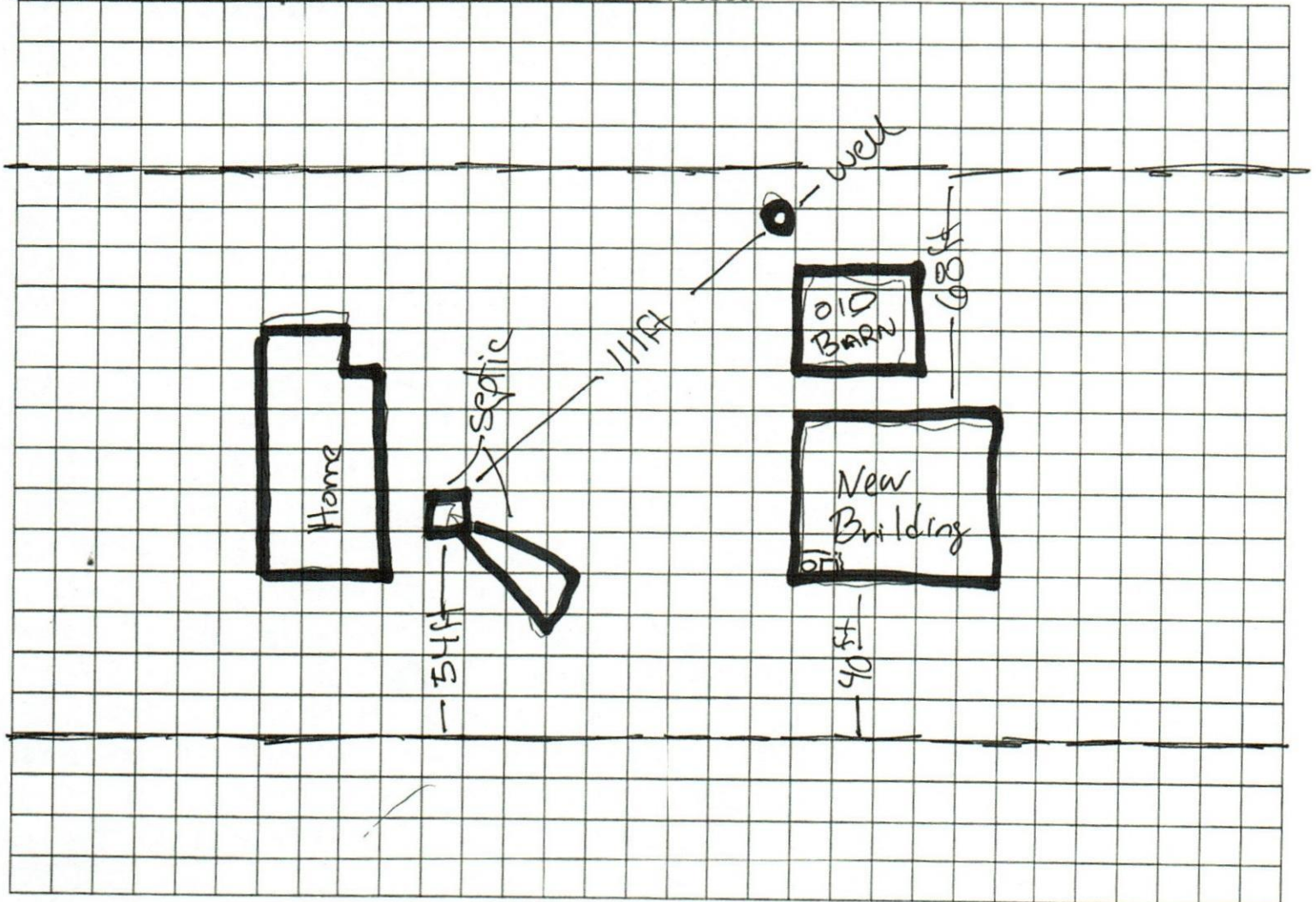
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----- PART II - SITEPLAN -----

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



Notes: Showing 1 ACRE OF 2 ; new barn is 30x50 w/10ft overhang

Site Plan submitted by: Brian K. BARRIGHT Agent: _____ Owner: X

Date: 3/31/21

Plan Approved X Not Approved _____

Date: 4/6/21

By _____ COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT