

Rec'd 3-23-22



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



REVISED

PERMIT NO. 20-1817
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [✓] _____

APPLICANT: ALEXANDRA SUAREZ

AGENT: KIMBERLY KOON

TELEPHONE: 386-688-2345

MAILING ADDRESS: 1154 NW NOEGEL RD LAKE CITY FL 32055

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: NA BLOCK: NA SUBDIVISION: NA PLATTED: _____

PROPERTY ID #: 30-6S-16-04002-026 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10.37 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: SW POWDER CT FORT WHITE FL

DIRECTIONS TO PROPERTY: TL 441S, TR FL-10A, TL US-41S, KEEP RIGHT ONTO FL-47, TR US -27 N, TL SW

ROBERTS AVE, TL SW SCHOFIELD CT, TR POWDER CT DRIVE AT THE CUL-DE-SAC.

BUILDING INFORMATION

[✓] RESIDENTIAL

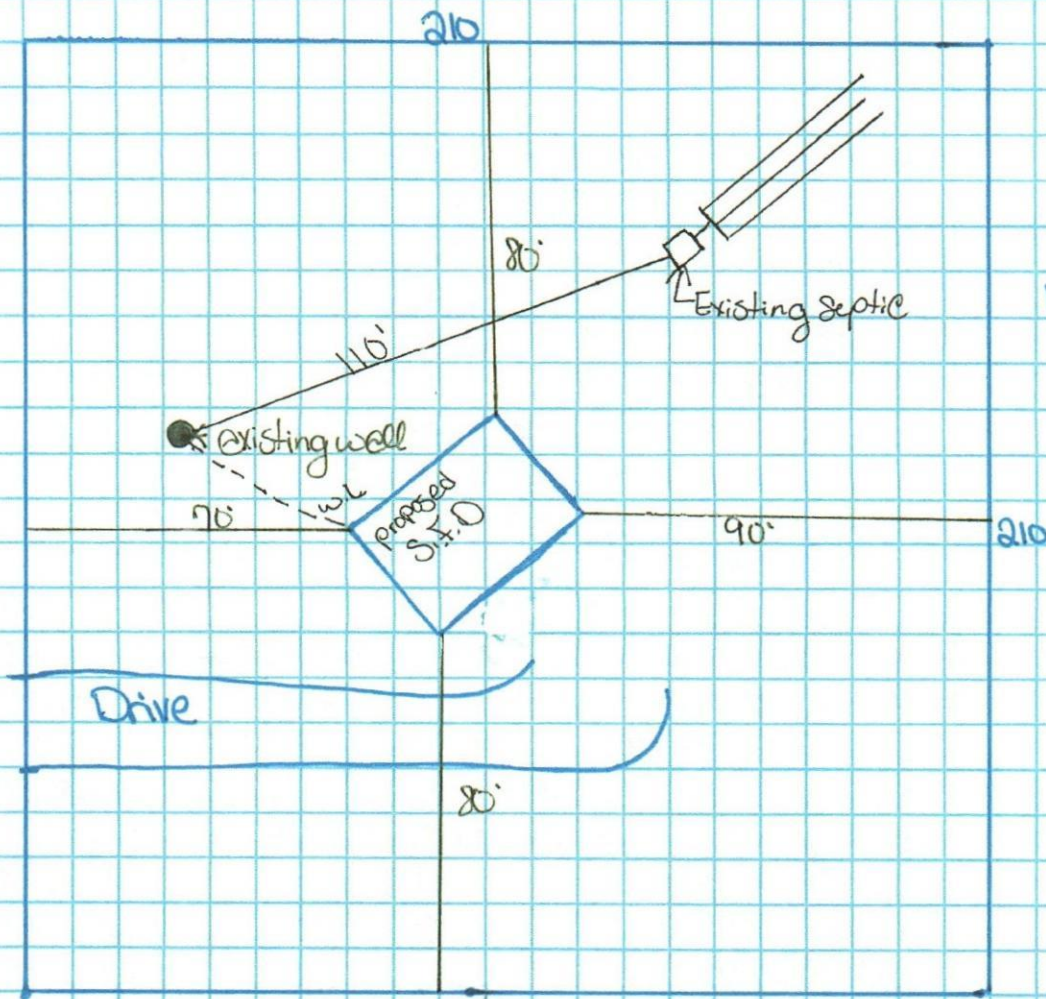
[] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	MOBILE HOME	2	1230	
2				
3				
4				

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

SIGNATURE: Kimberly Koon

DATE: 3/23/22



NORTH
1"=40'

Alexandra Suarez
30.65.16
04002.026

Kunkinhan
3/21/22

*1ac of 10.37

Columbia CHD
APPROVED

REVISED

[Signature]
3/21/22