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

PERMIT NO. _____
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:
[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Roberta Cortopassi

AGENT: Steel Buildings and Structures TELEPHONE: 877-278-8276

MAILING ADDRESS: P.O. Box 1987, Mt. Airy, NC 27030

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: _____ SUBDIVISION: Fairfield Brook PLATTED: _____

PROPERTY ID #: 20-3S-16-02206-013 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.78 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 228 NW Brook Loop, Lake City, FL 32055

DIRECTIONS TO PROPERTY: See attached

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	Single family	3	2425	
2	Accessory Structure	—	2050	
3				
4				

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

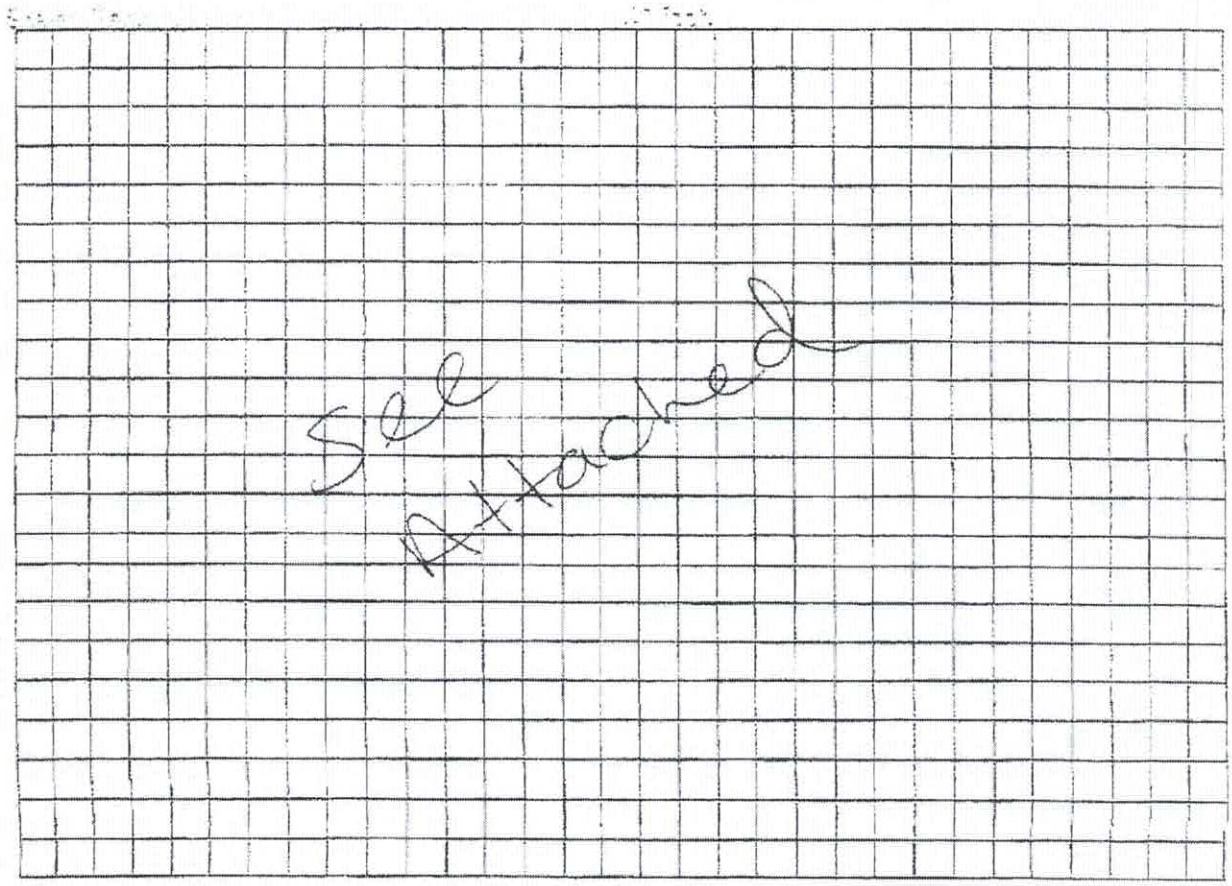
SIGNATURE: Francesca Cortopassi DATE: 01-20-2021

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number_____

PART II - SITEPLAN



Notes: _____

Site Plan submitted by: Roberta Cortopassi

Plan Approved_____ Not Approved_____ Date 01/20/2021

By_____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 09/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)

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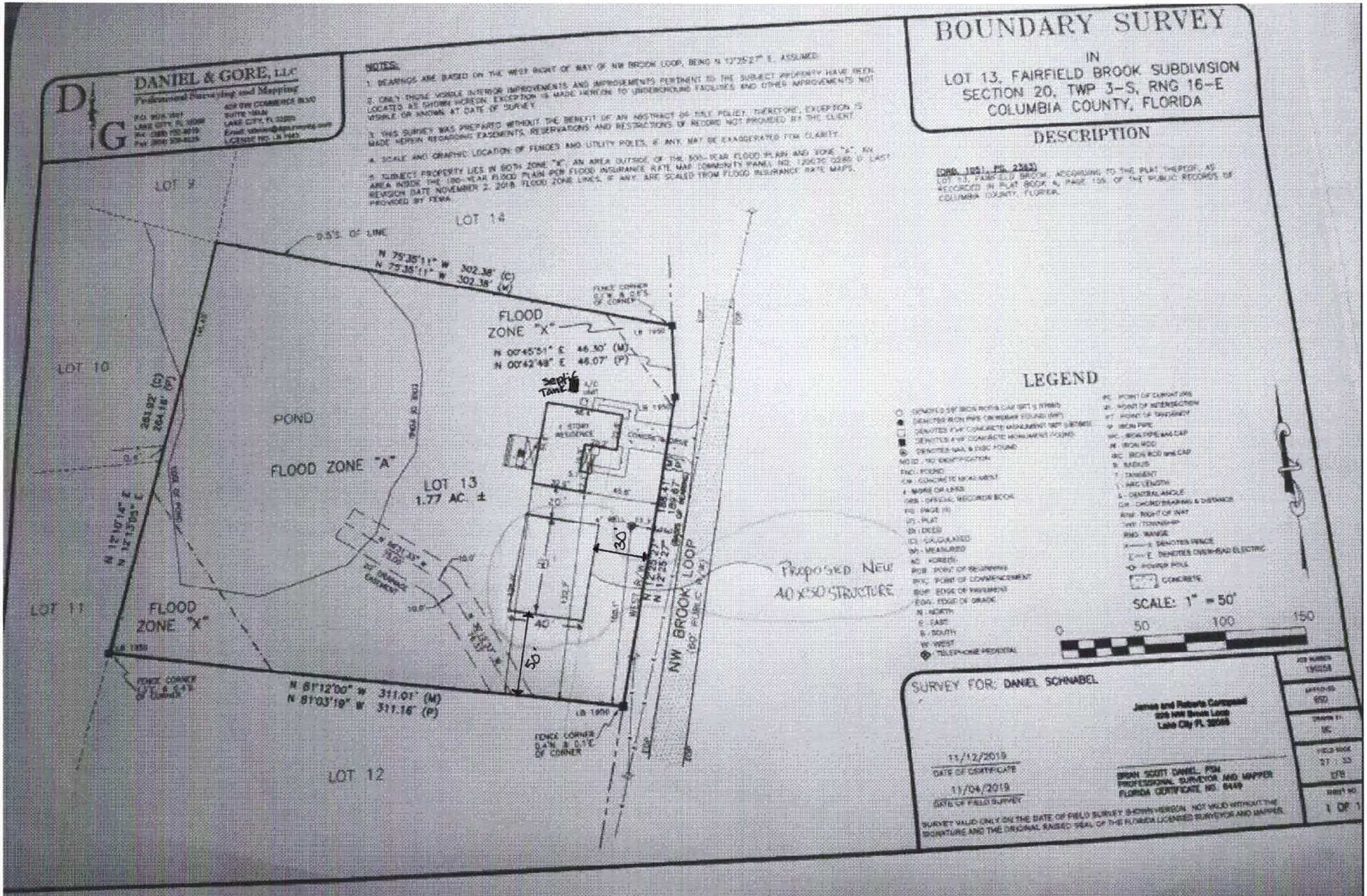
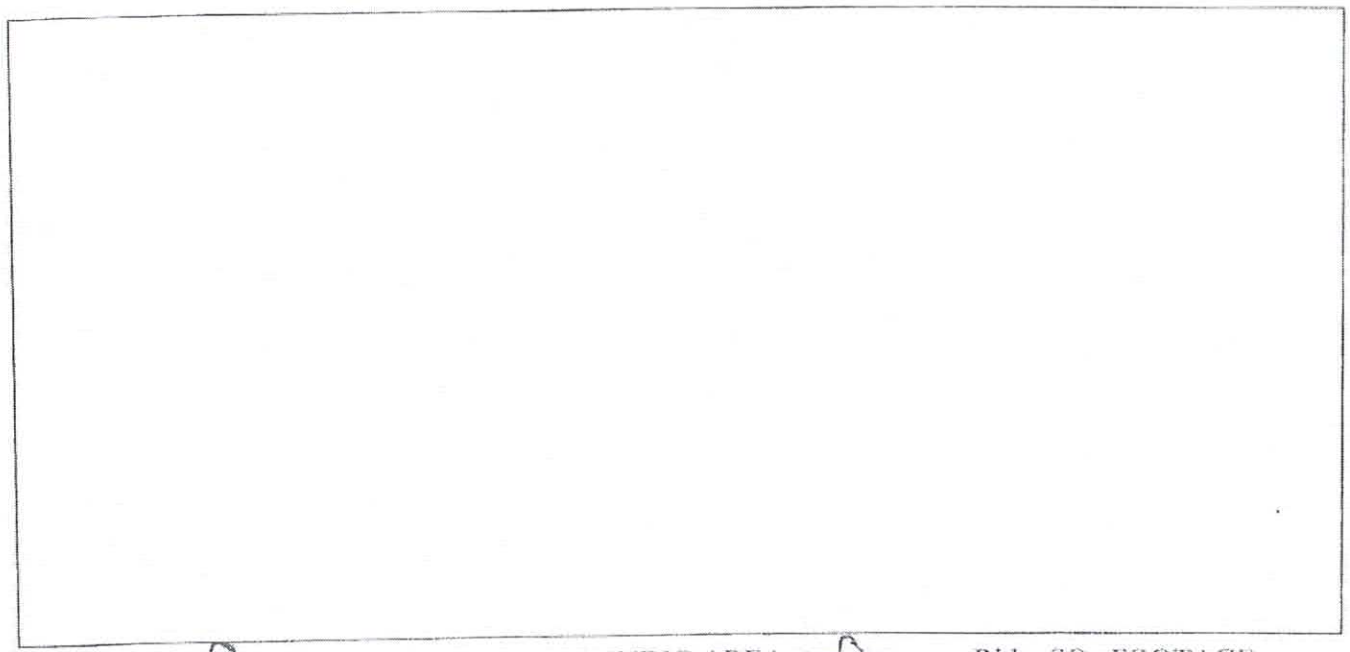

BOUNDARY SURVEY
IN
LOT 13, FAIRFIELD BROOK SUBDIVISION
SECTION 20, TWP 3-S, RNG 16-E
COLUMBIA COUNTY, FLORIDA
DESCRIPTION
DANIEL & GORE, LLC
Professional Surveying and Mapping
NOTES:
LOT 9
LOT 10
LOT 11
LOT 12
LOT 13
1.77 AC. ±
LOT 14
POND
FLOOD ZONE "A"
FLOOD ZONE "X"
N 75°35'11" W 302.38' (C)
N 75°35'11" W 302.38' (M)
N 00°45'51" E 46.30' (M)
N 00°42'48" E 46.07' (P)
N 12°10'14" E
N 12°13'05" E
261.92' (C)
264.18' (P)
N 81°12'00" W 311.01' (M)
N 81°03'19" W 311.16' (P)
N 12°25'27"
NW BROOK LOOP
(60' PUBLIC R/W)
Septic Tank
50'
40'
30'
Proposed New
40 X 50 STRUCTURE
LEGEND
SCALE: 1" = 50'
0
50
100
150
SURVEY FOR: DANIEL SCHNABEL
11/12/2019
DATE OF CERTIFICATE
11/04/2019
DATE OF FIELD SURVEY
BRIAN SCOTT DANIEL, PSM
PROFESSIONAL SURVEYOR AND MAPPER
FLORIDA CERTIFICATE NO. 6449
1 OF 1

FLOORPLAN

LENGTH 41



WIDTH 50

BEDROOMS 0 & SQ FOOTAGE OF LIVING AREA 0 or Bldg SQ FOOTAGE

PLEASE NOTE THAT A FLOORPLAN OF YOUR HOME OR STRUCTURE IS REQUIRED. WE DO NOT REQUIRE ACTUAL BLUEPRINTS. IF YOUR DEALER HAS PROVIDED A FLOORPLAN, WE PREFER IT. IF NOT, PLEASE SKETCH ONE SHOWING OUTSIDE DIMENSIONS AND INSIDE ROOM LAYOUT.

SHEDS, STORAGE, OR OTHER BLDGS MAY BE NOTED AS OPEN FLOORPLAN with no bedrooms or bathrooms

DATE: 1-20-21 SUBMITTED BY Frances L Garcia

EXISTING SYSTEM WORKSHEET

EXISTING RESIDENCE ADDITION

1. I am proposing an addition to my current residence that *does not include a bedroom* Yes____ No____
2. I am proposing the *addition of a bedroom (s)* Yes____ No____
3. I have submitted floor plans of the existing structure and the proposed structure Yes____ No____

REPLACING A HOME

1. How many bedrooms are in the existing or previous home _____
2. How many bedrooms are in the proposed home _____
3. I have submitted floor plans of **existing** or **previous** home and the **proposed** home Yes _____ No_____

POWER TO EXISTING STRUCTURE Yes_____

ADDITION OF POOL Yes_____

✓ ADDITION OF MISC BUILDING (S) Yes_____ With bathroom____

Please sign below to verify the above submitted information.

Signature: Roberta Cortopassi **Date:** 2021-02-01

OWNER: ☑ **AGENT:**_____

Florida Department of Health
Columbia County Health Department
217 NE Franklin St., Lake City, FL 32055
PHONE:386 758-1068• FAX 386 758-3900

Environmental Health
135 NE Hernando St., Lake City FL
Phone:386-758-1058
FAX: 386-758-2187

www.FloridasHealth.com
TWITTER:HealthyFLA
FACEBOOK:FLDepartmentofHealth
YOUTUBE: fldoh

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

HEALTH

Rick Scott
Governor

Celeste Philip, MD, MHP
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

LETTER OF AUTHORIZATION FOR AGENT

PERMIT #__________

This is to certify that I have personally authorized the following named individual to act as my agent in applying for and obtaining Onsite Sewage Disposal and Treatment permits from the Columbia County Health Department. I further certify that I am the legal owner of the property described in the permit and referenced below and have the right to install a sewage disposal system on it.

AUTHORIZED AGENT: ______________________

PROPERTY I.D.: ______________________

OWNERS SIGNATURE: *Roberta Cortopassi*

DATE: 2021-02-01

PLEASE RETURN TO: ENVIRONMENTAL HEALTH
COURTHOUSE ANNEX BASEMENT
135 N.E. HERNANDO ST. STE 031
LAKE CITY, FL 32055

TO: COLUMBIA COUNTY HEALTH DEPARTMENT
Environmental Health
Phone 386-758-1058 Fax 386-758-2187

FROM: _____

PERMIT: #_____

As owner or authorized agent for the property described in the above referenced permit, I certify that I am fully aware of the following:

1. I am aware of the zoning requirements for this property, and I have determined from the **County Planning & Zoning office** that I can develop the property as described in my septic tank permit application.

2. I understand that it is my responsibility to determine if my property and proposed development lies within a flood prone area. (The County Planning & Zoning office can provide this information).

SIGNATURE: Roberta Cortopassi DATE: 2021-02-01

☑ OWNER AUTHORIZED AGENT_____