



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

22-0071
PERMIT NO.
DATE PAID: 1-26-22
FEE PAID: 60.00
RECEIPT #: AP1789016

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Robert Patterson

AGENT: TELEPHONE: 386-365-4588

MAILING ADDRESS: 380 SE Press Ruth Drive Lake City, FL 32025

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:

PROPERTY ID #: 14-45-17-08354-005 ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 380 SE Press Ruth Drive Lake City, FL 32025

DIRECTIONS TO PROPERTY:

BUILDING INFORMATION

[X] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Covered deck	0	280'	
2	Car port roof			
3	extension		520 total	
4				

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

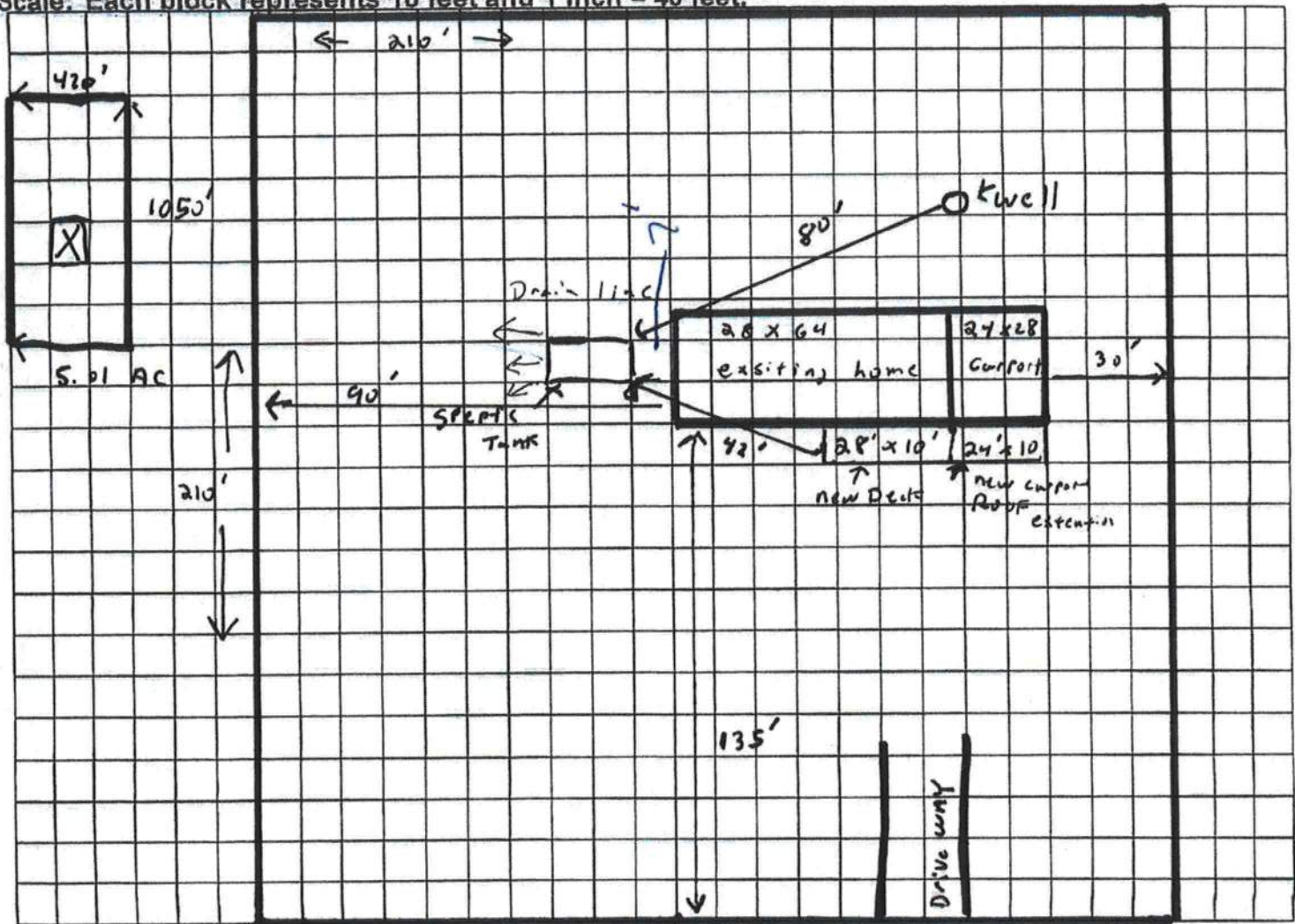
SIGNATURE: Ron T. Bate DATE: 1-24-22

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

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



Notes: 1 AC OF 5.01

Site Plan submitted by: Robert Patterson TITLE _____ DATE: 1-24-22
Plan Approved ☒ Not Approved _____ Date 1-27-22
By Allie Ford Env Health Director County Health Department
Columbia

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT