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

PERMIT NO. 13-A519E
DATE PAID: 10/4/13
FEE PAID: 200/00
RECEIPT #: 122222

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

APPLICANT: Mr Brian + Doreathea Chase

AGENT: Glenwood King   TELEPHONE (386) 347-4708

MAILING ADDRESS: 415 SW Deanna Ter 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: 1   BLOCK: A   SUBDIVISION: Holly Brook S/D   PLATTED: 1994

PROPERTY ID #: 07-4S-17-08106-201   ZONING: Res   I/M OR EQUIVALENT: [Y (N)]

PROPERTY SIZE: .55 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 415 SW Deanna Ter LC FL 32025

DIRECTIONS TO PROPERTY: Hwy 47 South T/R Burnett Rd T/L Deanna Ter
goto 415 SW Deanna Ter on Left side of Road

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	House (Existing)	3	1211	
2	addition	0	128	
3	total	3	1339	
4				

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

SIGNATURE: Glenwood King   DATE: 10-2-2013

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _13·0519E_

- PART II - SITEPLAN -

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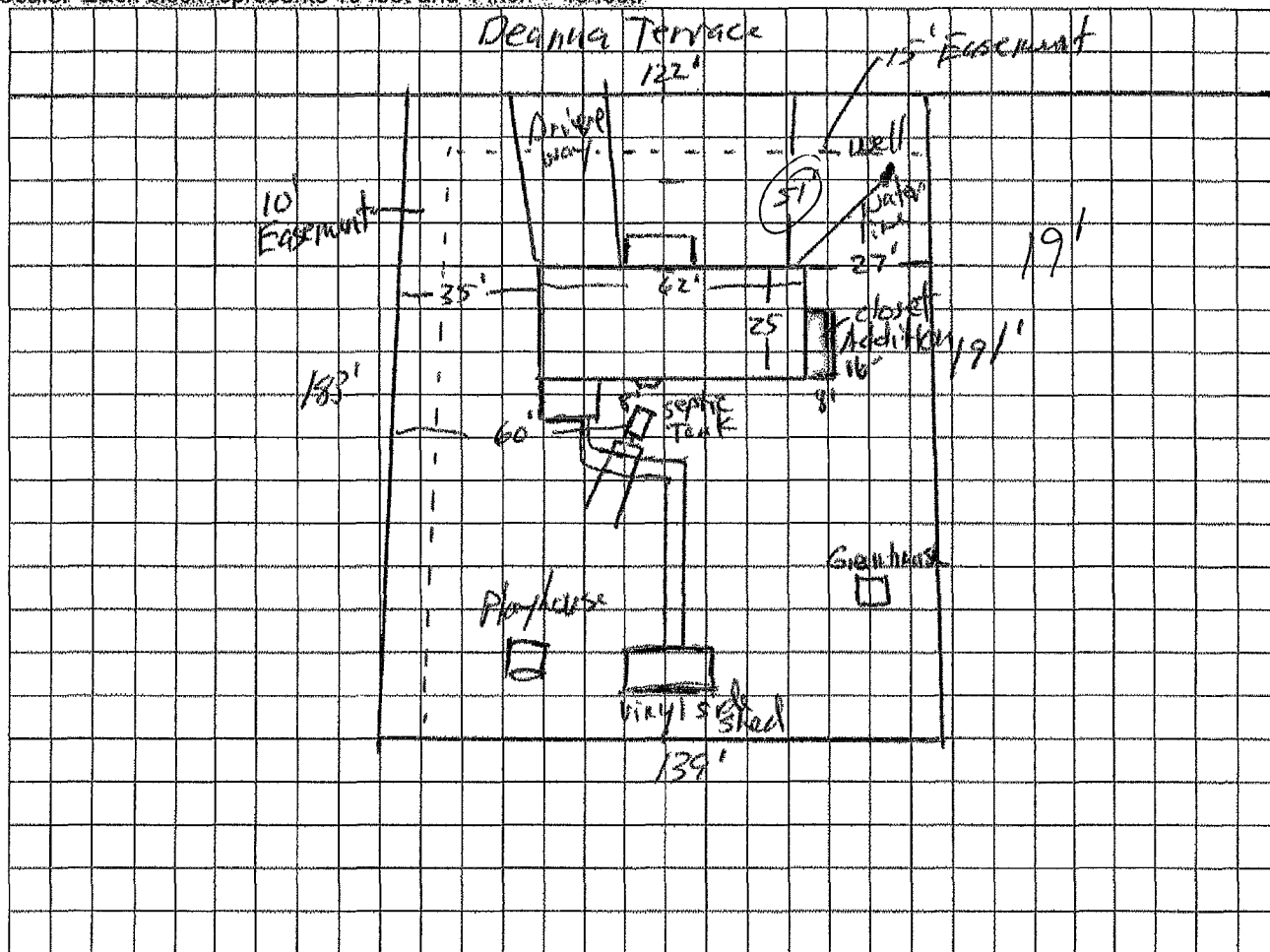
Notes: _____

_____

_____

Site Plan submitted by, _Glenwood King_   _agent_

Plan Approved _Reviewed ✓_   Not Approved _____   Date _10-2-2013_

By _Sallie Ford Env Health Director Columbia_   County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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