



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

PERMIT NO. 14-2596
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:

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

APPLICANT: M. Troy Crews

AGENT: Owner TELEPHONE: 386-365-8878

MAILING ADDRESS: 234 N.W. Wilton Way 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: 13 BLOCK: E SUBDIVISION: West Lake City Hills Add. #2 PLATTED: _____

PROPERTY ID #: 27-35-16-02345-013 ZONING: RSF/MH II I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.50 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 234 N.W. Wilton Way h.c., FL 32055

DIRECTIONS TO PROPERTY: Go west to h.c. Ave. to Amanda St. to
to Wilton Way at 5th on left

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	<u>Storage Bldg.</u>	<u>0</u>	<u>450</u>	
2				
3				
4				

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

SIGNATURE: M. Troy Crews DATE: 5-1-14

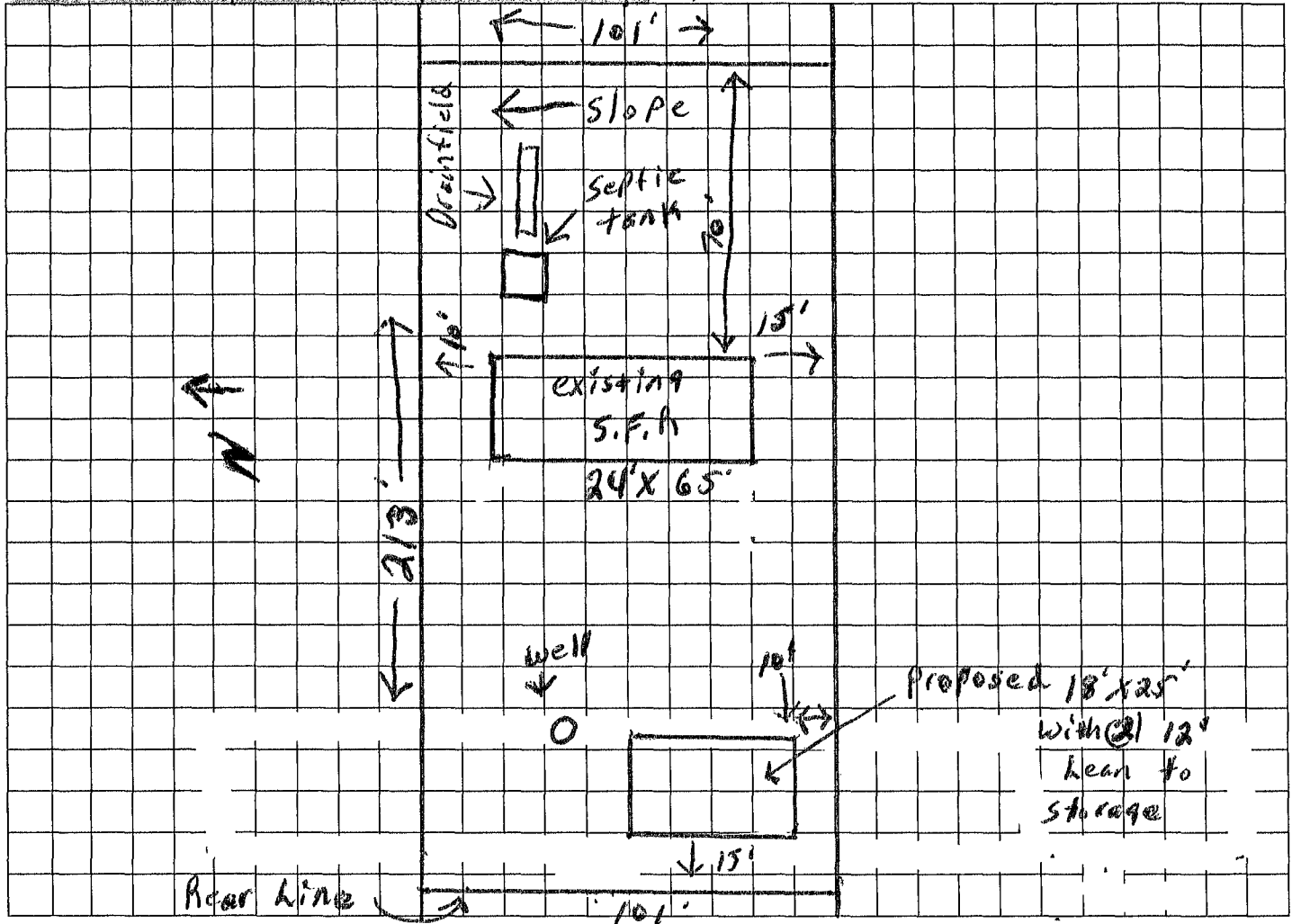
STATE OF FLORIDA
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Permit Application Number 14-259E

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

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

Wilton Way



Notes. _____

Site Plan submitted by: _____
 Plan Approved Revised 6 Not Approved _____ Date 5/2/14
 By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT