

50

09/27/2012 12:07 America's Home Place

(FAX)904 773 0066

P.001/001

386 758 2187

ENVIROMENTAL HEALTH

09:35:34 a.m.

09-27-2012

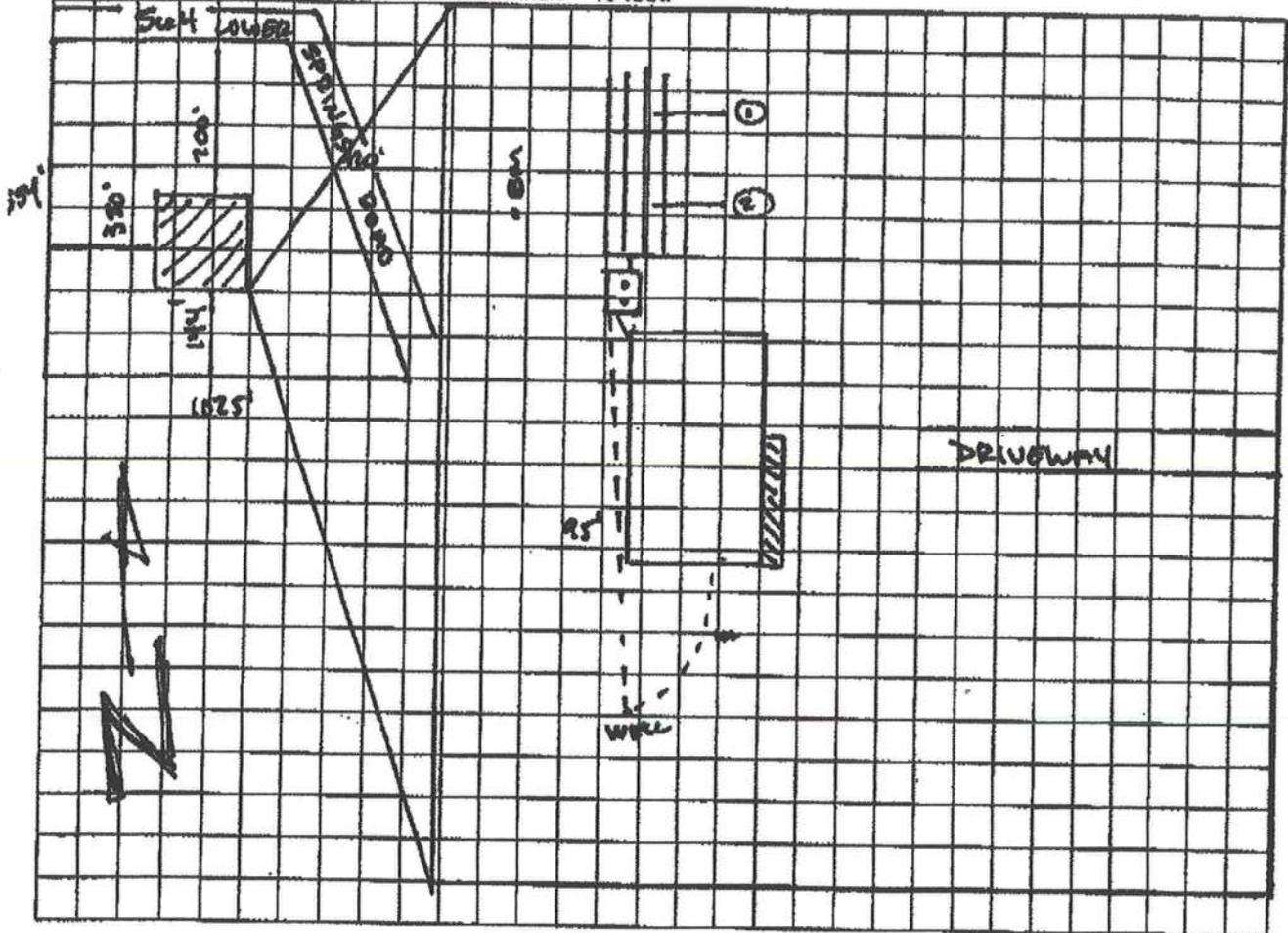
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STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0408

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

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



Notes:

Site Plan submitted by: [Signature]

Plan Approved  Not Approved

By: [Signature]

Not Approved

Agent [Signature]

Date 9/27/12

**Columbia CHD**

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SF

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

SSO 257251281 S/B/C 9/17/12

PERMIT NO. 12-0408 DATE PAID: 9/11/12 FEE PAID: 405.88 RECEIPT #: 1235782

APPLICATION FOR:

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

APPLICANT: Freddie Peterson

AGENT: William Auclair America's Home Place TELEPHONE: 904-773-0065 904-993-7443(c)

MAILING ADDRESS: 1756 Wells Rd Orange Park, FL 32073

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 #: 36-25-15-00118-000 ZONING: Ag I/M OR EQUIVALENT: [Y/N]

PROPERTY SIZE: 2 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 1160 Lower Springs Rd Lake City, FL 32055

DIRECTIONS TO PROPERTY: I-10 west to 1st exit past Lake City, turn left to 104th, turn left follow to curve @ Lower Springs Rd. Property on right (corner lot)

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Table with 4 columns: Unit No, Type of Establishment, No. of Bedrooms, Building Area Sqft, Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC. Row 1: 1, Single Family, 5, 2609. Row 2: 2, Out of Flood.

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

SIGNATURE: [Signature] DATE: 9-11-12