

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

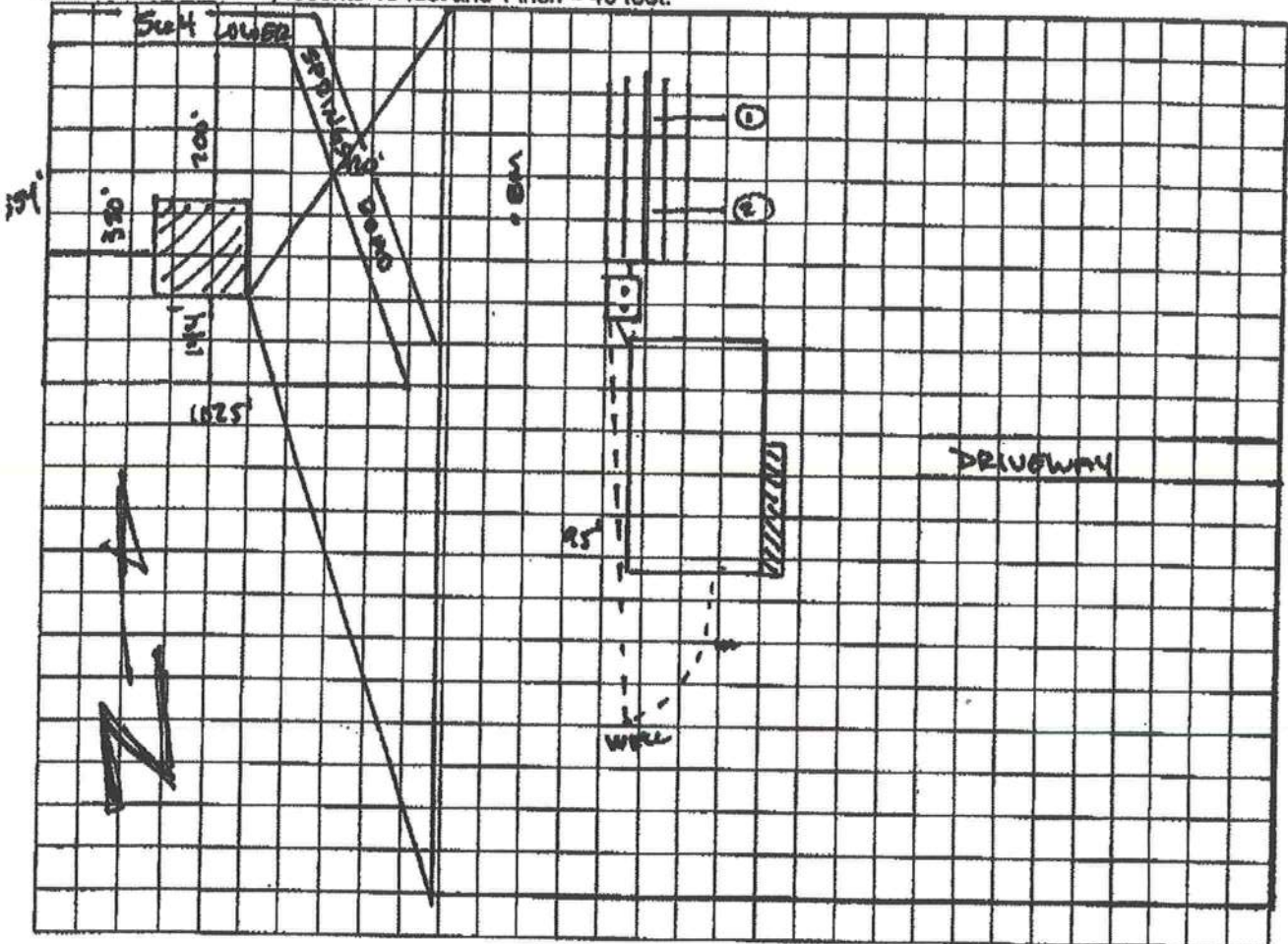
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STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0408

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

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



Notes: _____

Site Plan submitted by: _____

Plan Approved ☒

Not Approved _____

By _____

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

SF



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

PERMIT NO. 12-0408
DATE PAID: 9/12/12
FEE PAID: 405.00
RECEIPT #: ADP82513

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Freddie PetersonAGENT: William Auclair America's Home Place TELEPHONE: 904-773-0065MAILING 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/NPROPERTY SIZE: 2 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y/N ☐ DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 1160 Lower Springs Rd Lake City, FL 32055DIRECTIONS TO PROPERTY: I-10 west to Exit past Lake City, turn left to 104th, turn left follow to Curve on Lower Springs Rd. Property on right (corner lot)

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	5	2609	
2				Out of Flood.
3				
4				

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

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