



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

PERMIT NO. 21-0305  
DATE PAID: 3/23/21  
FEE PAID: 425.00  
RECEIPT #: 1642061

APPLICATION FOR:

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

APPLICANT: Tamela Mueller (Owner)

AGENT: Lee Holloway - LDM Construction Co., Inc

TELEPHONE: 352-665-1775

MAILING ADDRESS: 218 SW Grey Way High Springs FL 32643

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: 109 BLOCK: \_\_\_\_\_ SUBDIVISION: Magnolia Place PLATTED: \_\_\_\_\_

PROPERTY ID #: 27-5S-17-09415-109 ZONING: A I/M OR EQUIVALENT: [ No ☒ ]

PROPERTY SIZE: 5.0 ACRES WATER SUPPLY: [ ☒ ] PRIVATE PUBLIC [ ] ☐ <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ No ☒ ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 224 SW Cedarwood Glen Lake City FL 32025

DIRECTIONS TO PROPERTY: Off of 41 North, across from FL Livestock Market

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 Home	3	3713	
2				
3				
4				

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

SIGNATURE: [Signature]

DATE: 3-29-2021

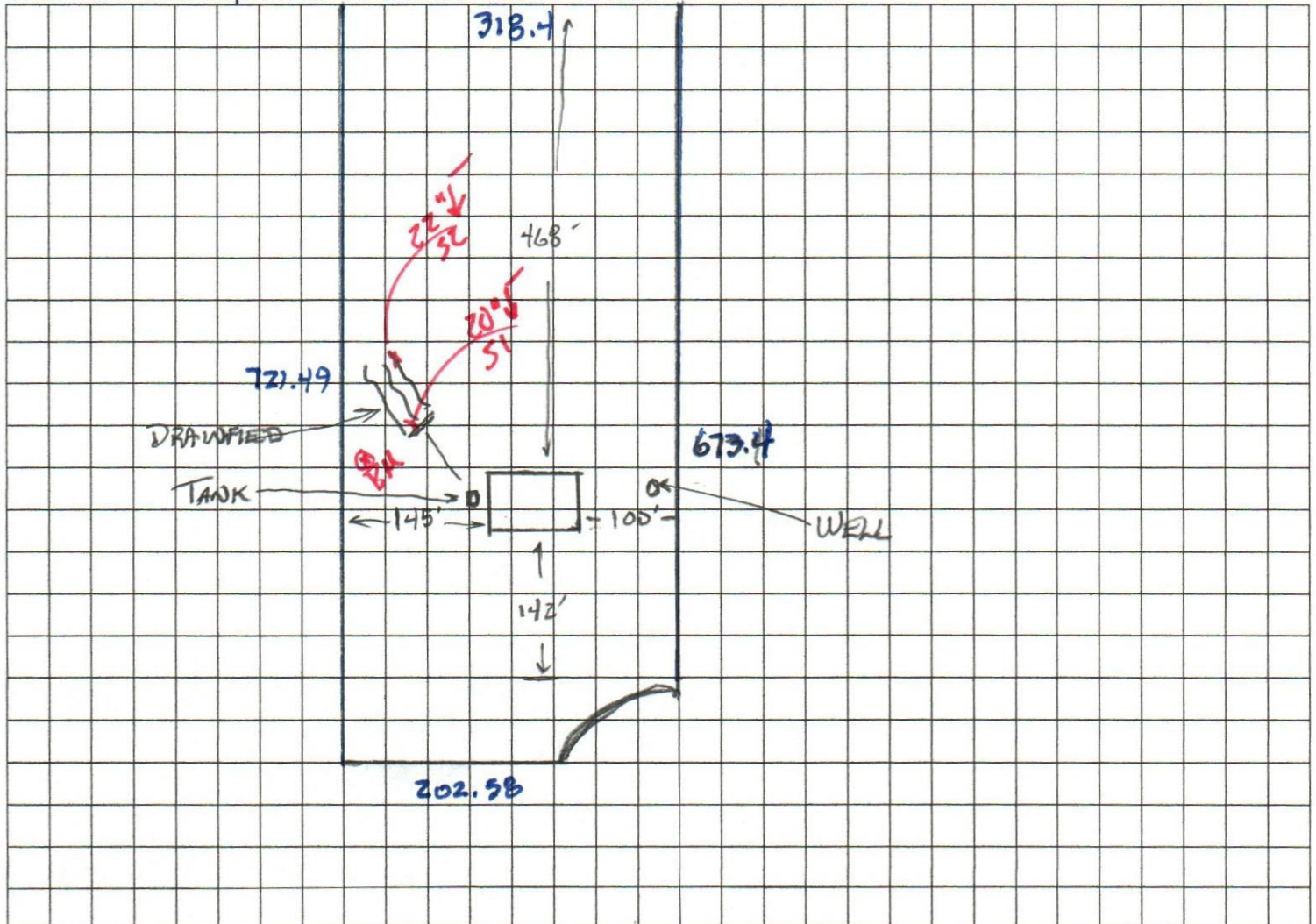
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

21-0305

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

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



Notes: SEPTIC CONTRACTOR: FELTON HOWARD  
HOWARD SEPTIC SYSTEMS

Site Plan submitted by: LEE HOLLOWAY - LDM CONSTRUCTION

Plan Approved X Not Approved \_\_\_\_\_

By [Signature] Date 4/6/21 County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**