



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

PERMIT NO: 20-2806
DATE PAID: 10/8/20
FEE PAID: 200.00
RECEIPT #: 20-1583490

APPLICATION FOR:

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

APPLICANT: GERALD HOWD

AGENT: _____ TELEPHONE: 36-208-0998

MAILING ADDRESS: 346 NW NOEGEL ROAD 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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 30-35-16-02399-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 310 NW NOEGEL ROAD LAKE CITY, FL 32055

DIRECTIONS TO PROPERTY: US90 WEST TO CR-135, TURN RIGHT, 100 YARDS ON THE LEFT, 4TH HOME FROM US-90.

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	Old home MH	2	816	
2	New home MH	2	1392	
3				
4				

ORIGINAL ATTACHED

40-0000

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

*SIGNATURE: [Signature] DATE: 10/15/2020

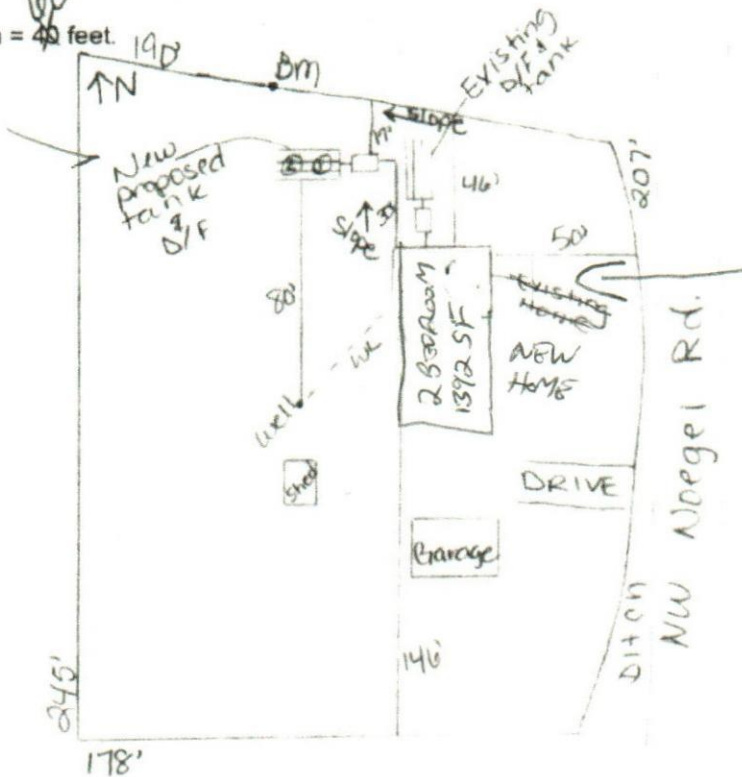
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Permit Application Number 20-0886

Howd

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes:

* Site Plan submitted by: [Signature] 10/5/2020

Plan Approved X Not Approved

By [Signature] Columbo

Date 10/13/20

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

