



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

PERMIT NO.
DATE PAID
FEE PAID
RECEIPT #

21-0146
3/1/21
40.00
1634235

APPLICATION FOR:

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

APPLICANT: Wendy Krzosta

AGENT: Property owner

TELEPHONE: 850-294-5123

MAILING ADDRESS: 910 SW Sherlock Terr Lake City FL 32024

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(a) 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 #: R14-58-16-03620-01 ZONING: _____ I/M OR EQUIVALENT: ☒ (X)

PROPERTY SIZE: 1.00 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, PS? ☐ Y ☐ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: Sherlock Terr

DIRECTIONS TO PROPERTY: 47 South 1 mile past flashing light at CR 240
TL on Carter Rd go 1 mile TL on Sherlock Terr 2nd Drive on
left

BUILDING INFORMATION

☐ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 642-6, FAC
1	<u>2/11/21</u> <u>1 bedroom Det wide</u>	<u>2</u>	<u>1493</u>	
2				ORIGINAL ATTACHED
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Wendy Krzosta

DATE: 2/11/21

DS 4015, 09/09 (Obsolesces previous editions which may not be used)
Incorporated 642-6.001, FAC

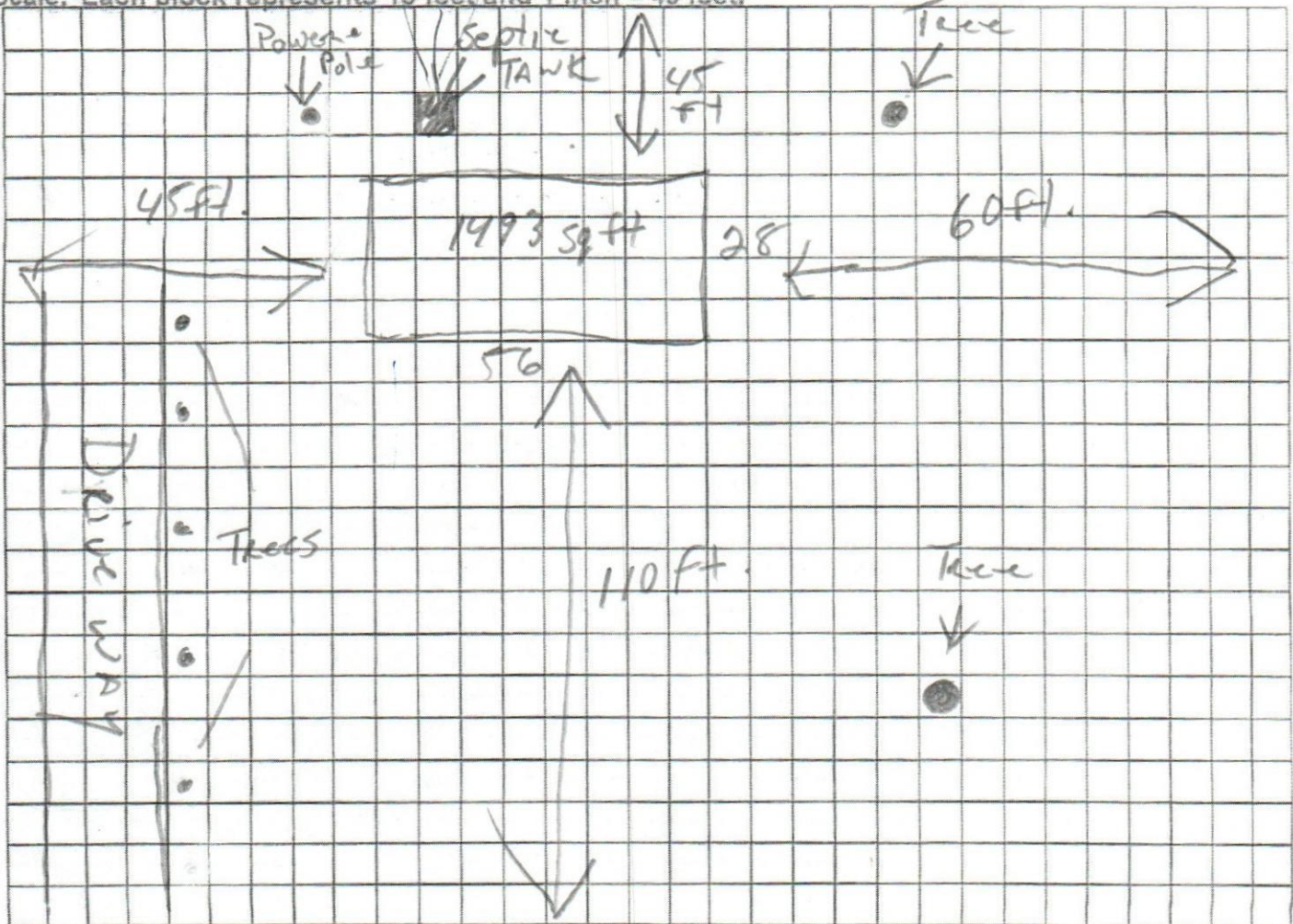
Wendy Krzosta@gmail.com

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

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



Notes: _____

Site Plan submitted by: Wendy Kruska TITLE _____ DATE: 2/11/21
Plan Approved [Signature] Not Approved _____ Date 3/3/21
By [Signature] Columbus County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT