



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

PERMIT NO. 28-0649
DATE PAID: 8/12/20
FEE PAID: 60.00
RECEIPT #: 155724

APPLICATION FOR:

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

APPLICANT: Dana Capalka, Frank Capalka

AGENT: Dana Capalka TELEPHONE: 904-7181371

MAILING ADDRESS: 1721 East Duval St Lake City 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: 1-16 BLOCK: 2 SUBDIVISION: (Highland Est) Capalka Mobile Home Park PLATTED: _____

PROPERTY ID #: 83-35-17-06500-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.985 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 214 NE Craig Ave Lake City FL 32055

DIRECTIONS TO PROPERTY: Go east on Duval to Craig Street
make a U go down 2nd trailer from
end Cream Colored trailer

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 | <u>Old Mobile Home</u> | <u>2</u> | <u>896</u> | |
| 2 | <u>New Mobile Home</u> | <u>2</u> | <u>896</u> | |
| 3 | | | | |
| 4 | | | | |

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Dana Capalka DATE: 8/11/2020

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Permit Application Number 20-0449

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

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

See Attached

Notes: _____

Site Plan submitted by: Dana Caprella TITLE _____ DATE: _____
Plan Approved ☒ Not Approved _____ Date 8/14/20
By [Signature] Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20-04-99

