



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

PERMIT NO. 22-2281
DATE PAID: 4/1/22
FEE PAID: 425.00
RECEIPT #: 18148025

APPLICATION FOR:

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

APPLICANT: Danny mercedAGENT: _____ TELEPHONE: 386/697-3343MAILING ADDRESS: 618 NW Indian Ridge Ln Rake 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: 19 BLOCK: _____ SUBDIVISION: Indian Ridge P1 PLATTED: _____PROPERTY ID #: 05-35-16-01809-119 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ NPROPERTY SIZE: 5.01 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☐ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 618 NW Indian Ridge Ln. Rake City FL 32055

DIRECTIONS TO PROPERTY: _____

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>Mobile Home</u>	<u>4</u>	<u>1560</u>	
2	<u>addition</u>	<u>2</u>	<u>800sq.</u>	<u>(not attached to home)</u>
3				
4				

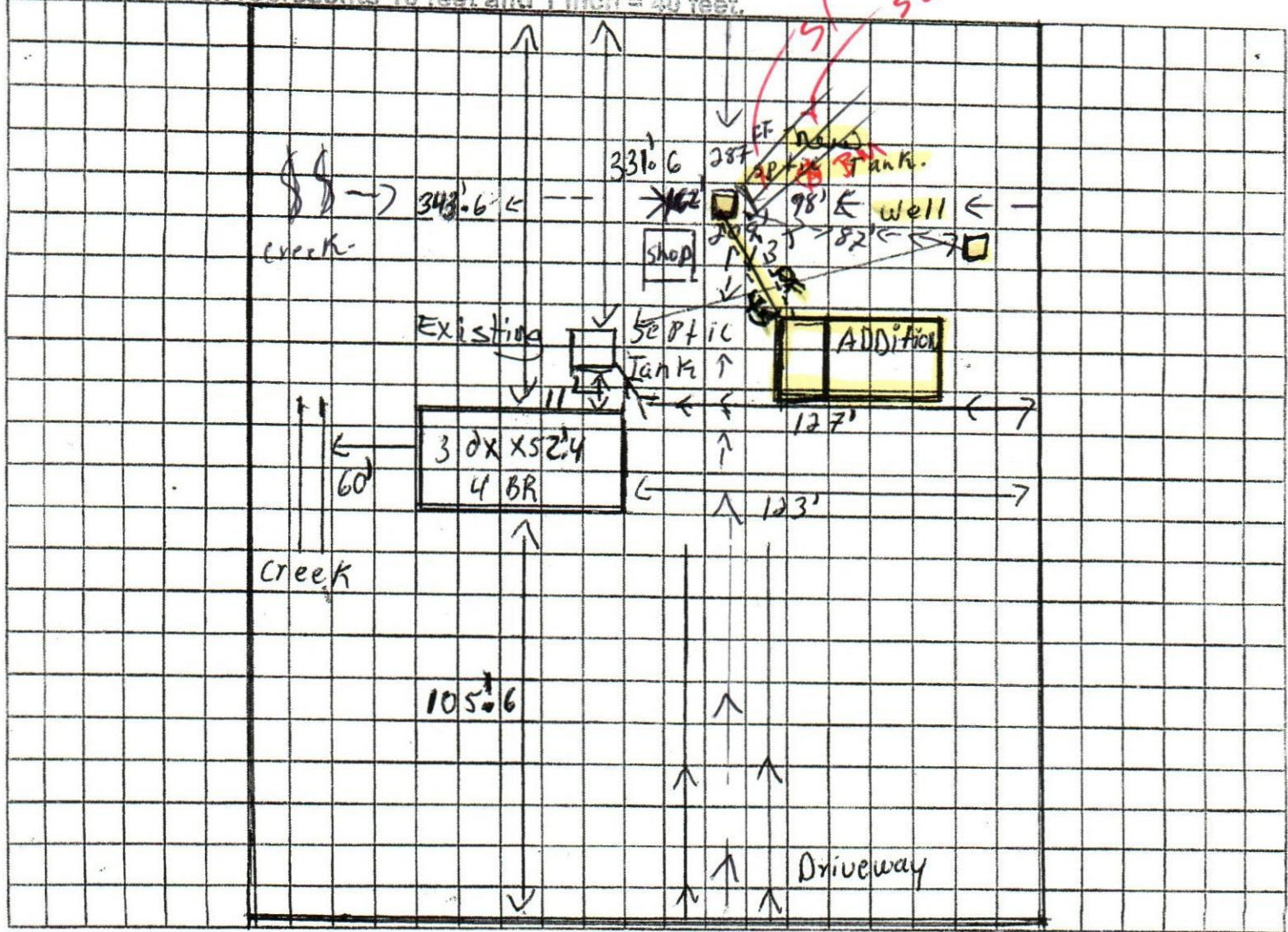
☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Danny merced DATE: 3/30/2022

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Permit Application Number 22-0281

PART II - SITEPLAN

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



Notes: _____

Site Plan submitted by: [Signature] TITLE Wife DATE: 3/3/2022
Plan Approved [Signature] Not Approved _____ Owner
By: [Signature] Columbia CHD Date 5/3/22
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT