



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

PERMIT NO. 22-0391
DATE PAID: 5/2/22
FEE PAID: 40.00
RECEIPT #: 1833082

APPLICATION FOR:

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

APPLICANT: Denise Rios

AGENT: Americas Home Place

TELEPHONE: 229-245-8560

MAILING ADDRESS: 282 Norman Drive Suite B Valdosta GA 31601

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 BLOCK: _____ SUBDIVISION: Lake Wilson Ranchettes PLATTED: _____

PROPERTY ID #: 30-35-16-02398-201 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 7313 W. U.S. 90 Lake City FL 32024

DIRECTIONS TO PROPERTY: Map Attached

BUILDING INFORMATION

[] RESIDENTIAL [] COMMERCIAL

Unit Type of No. of Building Commercial/Institutional System Design
No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC

1	<u>Single family Residence</u>	<u>5</u>	<u>4852</u>	<u>ORIGINAL ATTACHED RV</u>
2				
3				
4				

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

SIGNATURE: Shirley F. Boykin DATE: 4/22/22

1871. 1872.
1873. 1874.
1875. 1876.

1877. 1878.

1879. 1880.
1881. 1882.

1883. 1884. 1885. 1886. 1887. 1888.

1889. 1890. 1891. 1892.

1893. 1894. 1895. 1896.

1897. 1898. 1899. 1900. 1901. 1902.

1903. 1904.

1905. 1906. 1907. 1908. 1909. 1910.

1911. 1912.

1913. 1914. 1915. 1916. 1917. 1918. 1919. 1920.

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

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

See Attached

Notes: _____

Site Plan submitted by: _____

TITLE O.C.

DATE: 5/2/22

Plan Approved ☒ _____

Not Approved _____

Date 5.10.22

By _____

Salli Ind EHP Director : Columbia

County Health Department

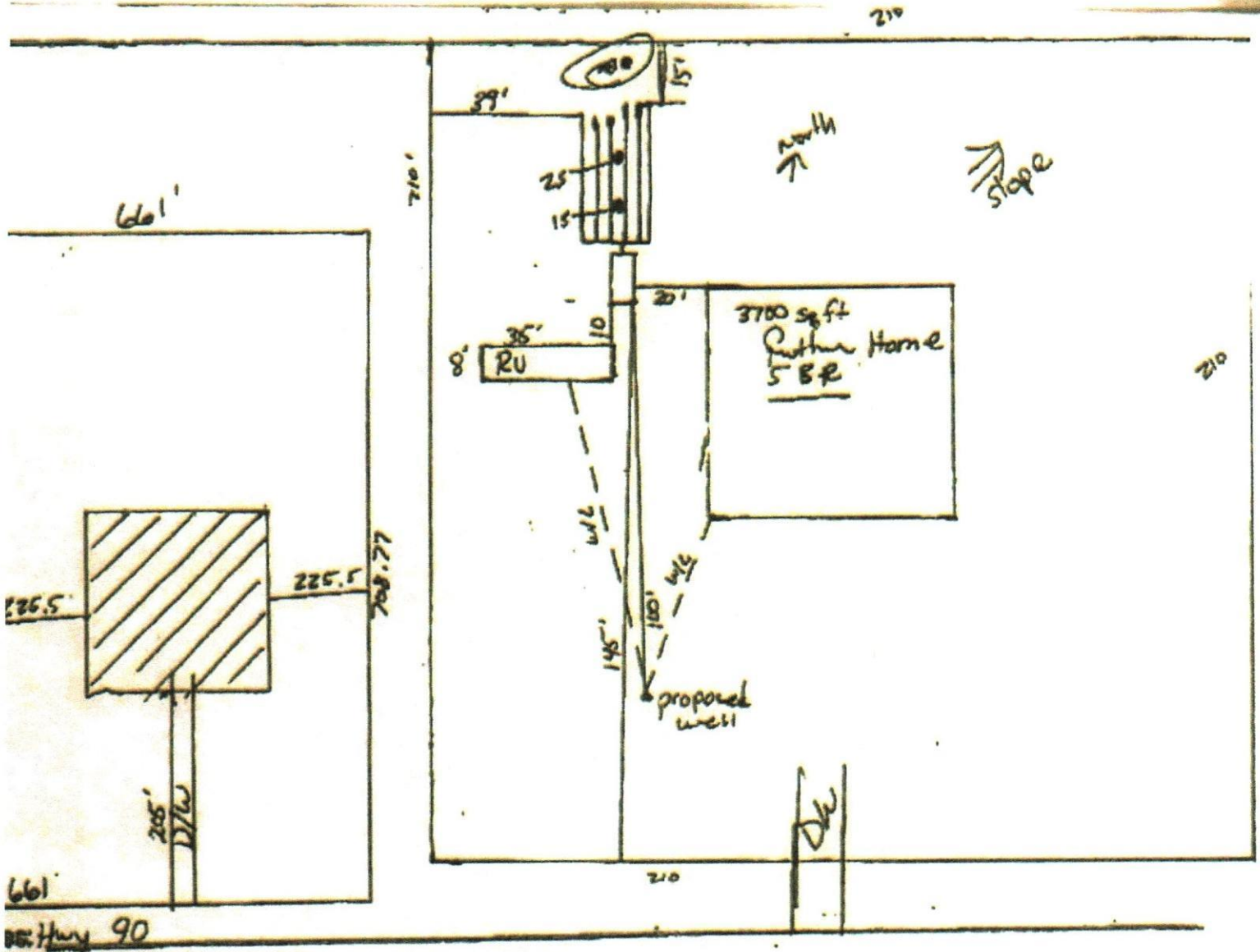
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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PART II - SITEPLAN



Site Plan submitted by [Signature] Agent: X Owner: _____ Date: 5/2/22
Plan Approved _____ Not Approved _____ Date _____
By _____ COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

