



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

PERMIT NO. 20-8776
DATE PAID: 9/30/20
FEE PAID: 600.00
RECEIPT #: 1581620

APPLICATION FOR:

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

APPLICANT: CLARENCE SUMMERS

AGENT: KEVIN BEDENBAUGH

TELEPHONE: 386-365-5264

MAILING ADDRESS: 340 SW BEASLEY CT. 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) (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 #: 06-55-17-09139-005 ZONING: _____ I/M OR EQUIVALENT: ☒ Y

PROPERTY SIZE: 24.71 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 340 SW BEASLEY CT. LAKE CITY, FL 32024

DIRECTIONS TO PROPERTY: 47 South, Left on Wester Rd. RT.
ON Quail RD. Left onto Beasley Ct. House on the
Right at the end

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 BARN 0 1080 open with bathroom

2 _____

3 _____

4 _____

ORIGINAL ATTACHED
Modi 8 15-257A

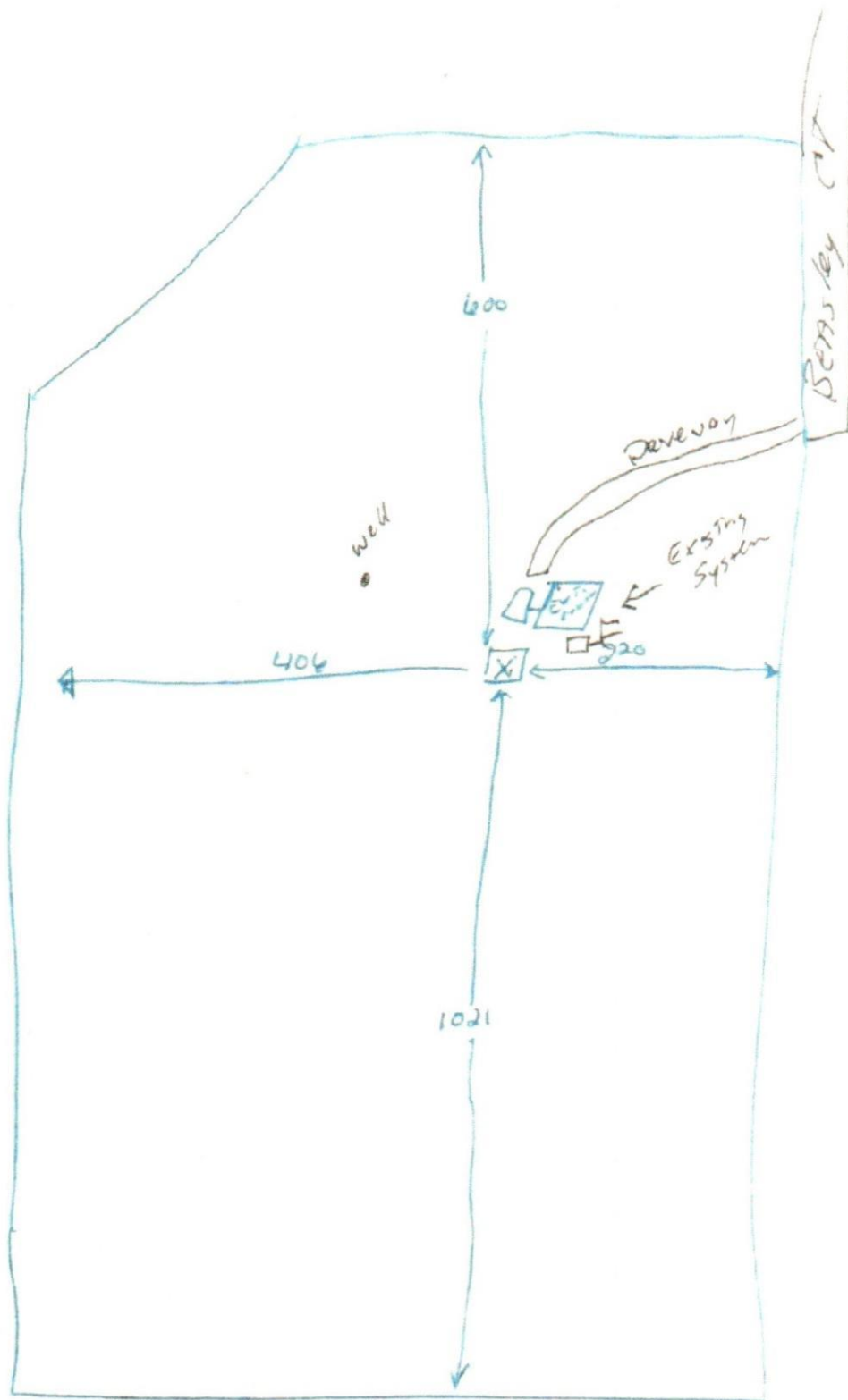
☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 9-23-20

[illegible]

20-0776



Roddy D 7

340 SW Benton CT.

[Signature]
CHD Columbus
10/6/20