

SS0857 724821



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

PERMIT NO. 17-0807N  
DATE PAID: 12/28/17  
FEE PAID: 725.50  
RECEIPT #: 13207266

APPLICATION FOR:

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

APPLICANT: Savannah Vance

AGENT: Sonya Crews / Linda Craft TELEPHONE: 863-517-5701

MAILING ADDRESS: 825 NW Turner Ave Apt 102 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 BLOCK: 1 SUBDIVISION: 1 PLATTED: 1

PROPERTY ID #: 12-48-15-00350-001 ZONING: Ag I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☒ PRIVATE ☐ PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381 0065, FS? ☐ Y ☐ N DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 227 SW Gallant Lane Lake City

DIRECTIONS TO PROPERTY: 90 W on Pinemont, L on SW Jafus Ave, R on SW Gallant

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>M. H</u>           | <u>3</u>        | <u>1232</u>        |  |
| 2       |                       |                 |                    |  |
| 3       |                       |                 |                    |  |
| 4       |                       |                 |                    |  |

☐ Floor/Equipment Drains ☐ Other (Specify)

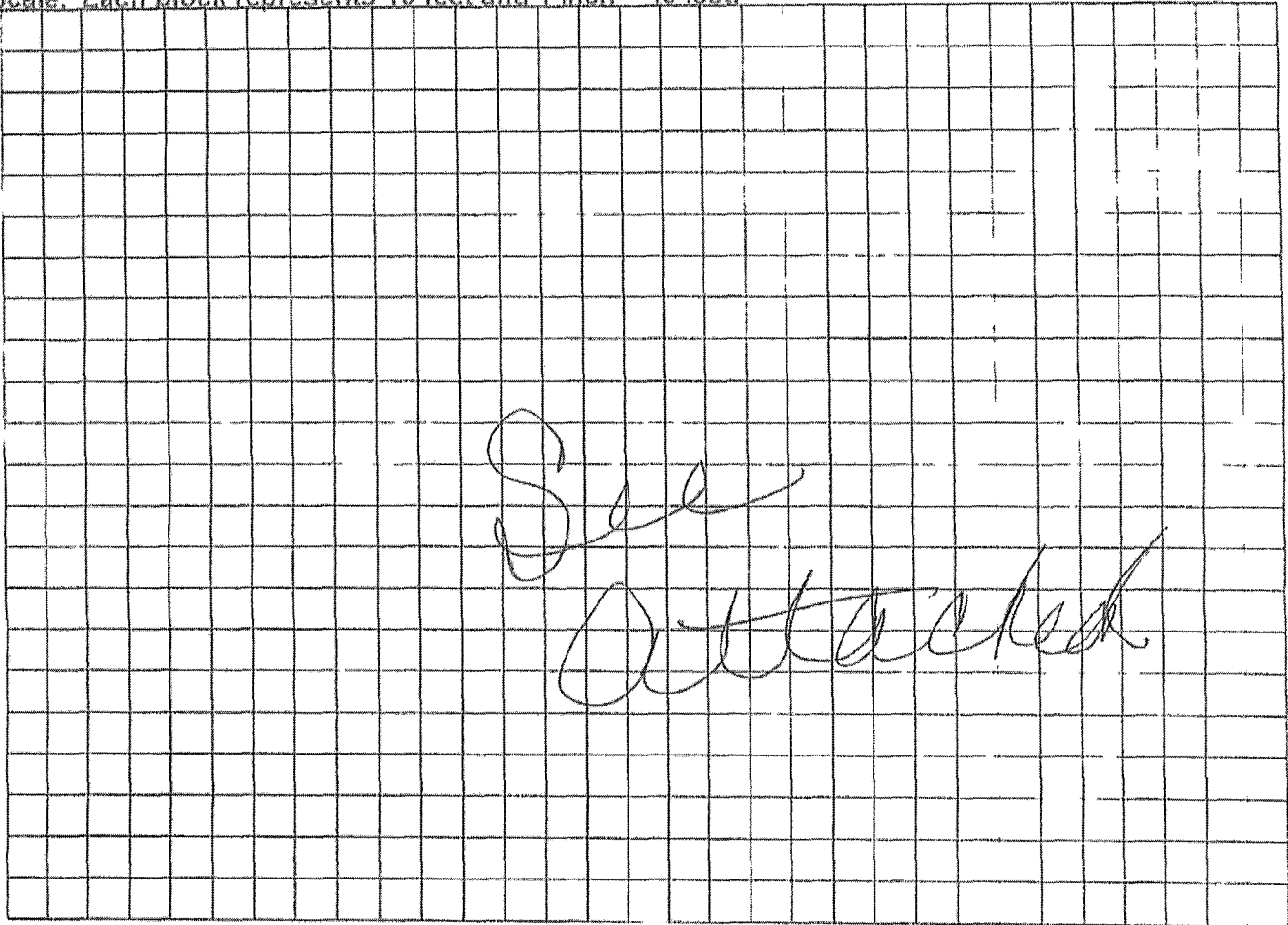
SIGNATURE: Sonya Crews Linda Craft DATE: 12/19/17

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

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



Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

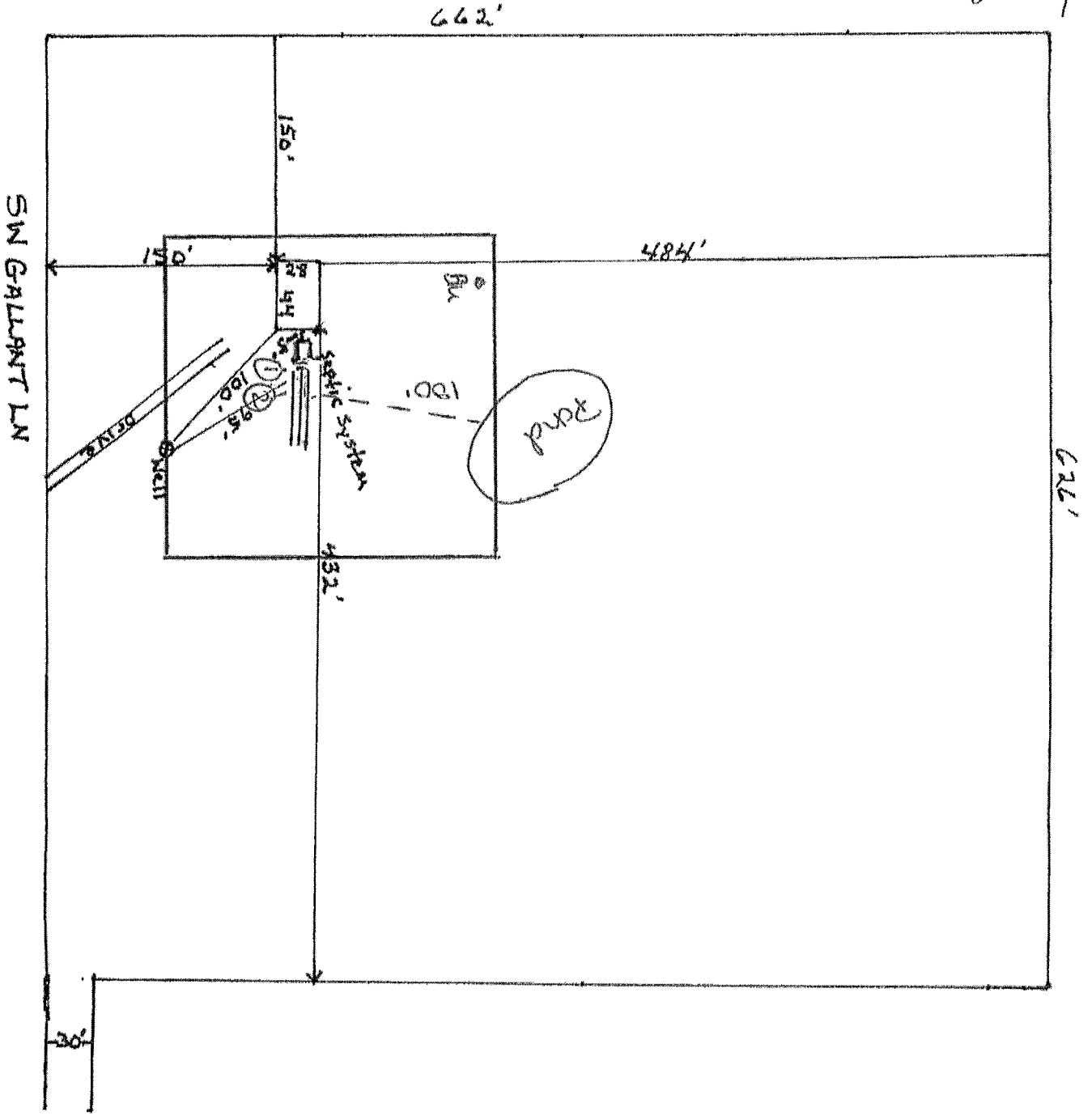
Site Plan submitted by Sonip Crews Linda Light

Plan Approved X Not Approved \_\_\_\_\_ Date 12/19/17

By [Signature] Colibus County Health Department

1/30/18  
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

17-D807



*[Signature]*

Celadon 1/30/18

1" = 100'