



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

PERMIT NO. 14-0336E
DATE PAID: 6/25/14
FEE PAID: 600.00
RECEIPT #: 1157778

APPLICATION FOR:

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

APPLICANT: New GenerationAGENT: Karla Gorman TELEPHONE: 386-758-4711MAILING ADDRESS: 400 S.W. Marvin Burnett L.C. FL 32025

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: _____

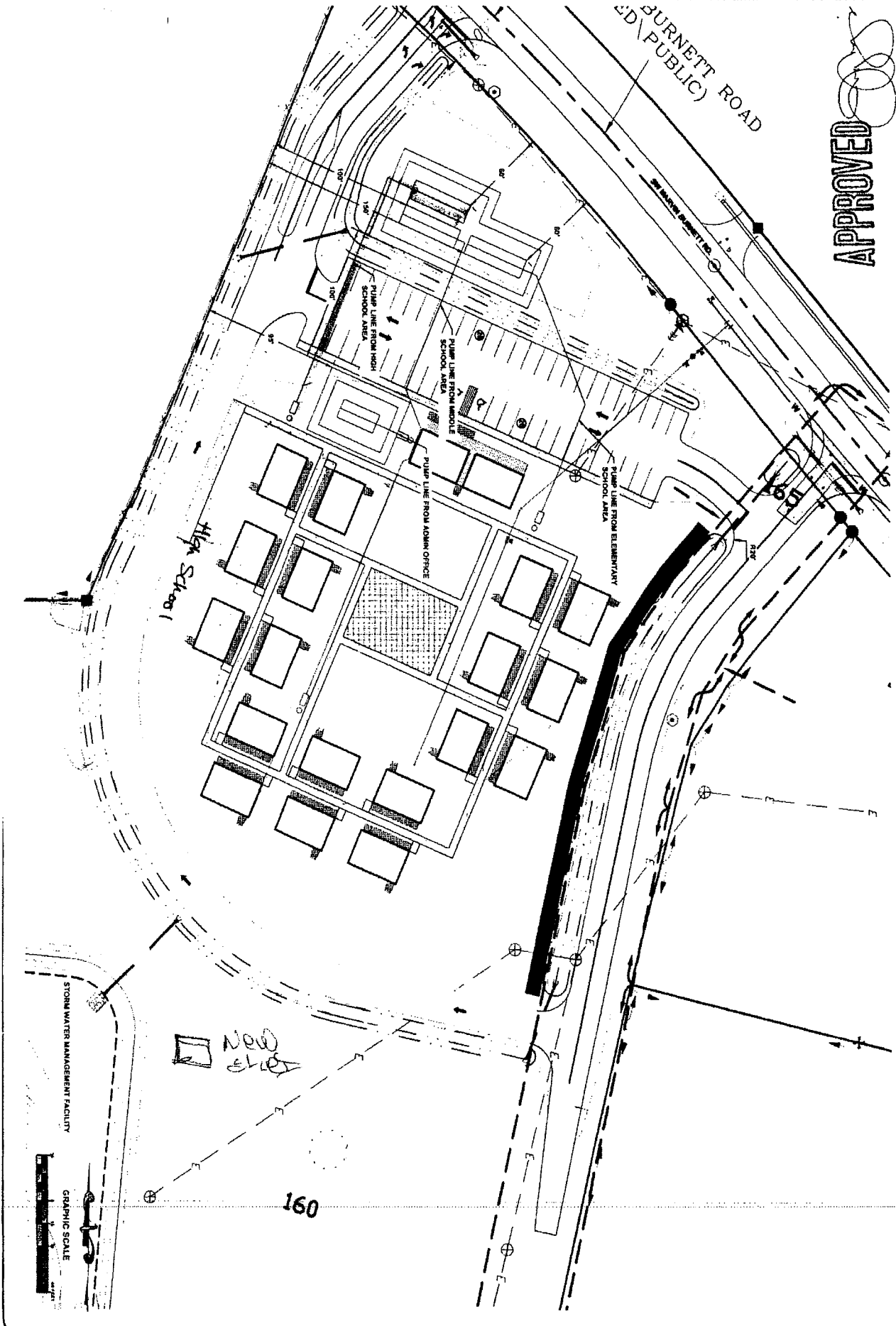
PROPERTY ID #: 07-45-17-08110-00 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ NPROPERTY SIZE: 25 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: AboveDIRECTIONS TO PROPERTY: Hwy 47 to Marvin Burnett
make right go about 1/2 mile

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>shed</u>		<u>420 sq ft</u> <u>30x14</u>	<u>Storage</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Karla Gorman DATE: 6/25/14



JOB NUMBER: L120924NEW
DESIGNED BY: CM
CHECKED BY: CM
SIGNATURE & SEAL: PB

REVISIONS

SITE PLAN
NEW GENERATION CHRISTIAN SCHOOL



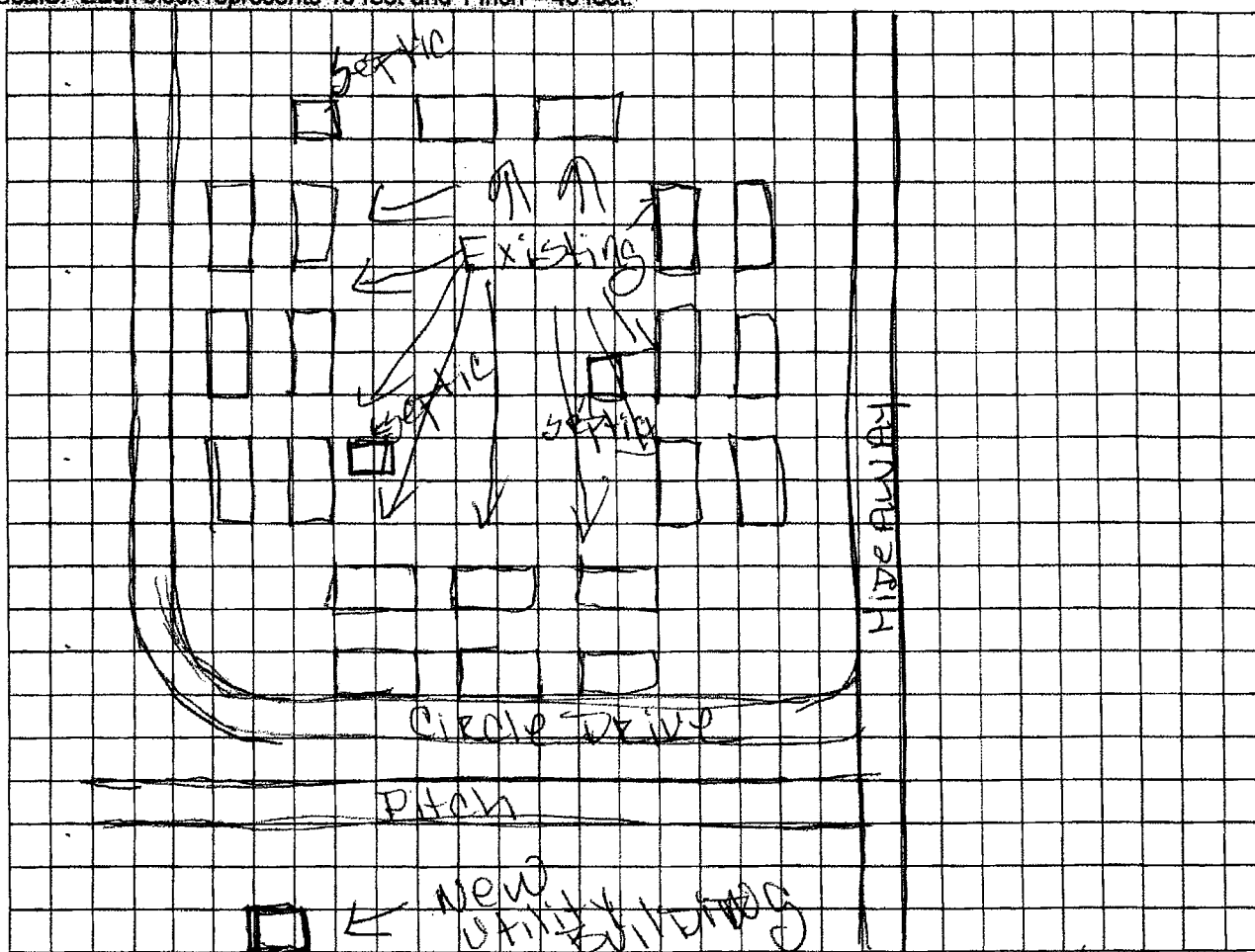
North Florida Professional Services, Inc.
P.O. BOX 3423
Lakeland, FL 33808
Tel: 888-444-4444
Fax: 888-444-4444

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

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



Notes: _____

See attached

Site Plan submitted by: *Randy Homan*

Plan Approved *[Signature]*

Not Approved _____

By *Salli Ford*

Env Health Director

Columbus

Agent *[Signature]*

Date 6.30.14

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT