



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

PERMIT NO. 22-0086
DATE PAID: 2/3/22
FEE PAID: 400.00
RECEIPT #: 180938

APPLICATION FOR:

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

APPLICANT: Arron Burke

AGENT: Dale Burd

TELEPHONE: 386-365-7674

MAILING ADDRESS: 20619 County Road 137, 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: NA BLOCK: NA SUBDIVISION: NA PLATTED: _____

PROPERTY ID #: 35-4S-16-03298-002 ZONING: _____ I/M OR EQUIVALENT: ☐ No ☐

PROPERTY SIZE: 4.39 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 925 SW Bishop Ave, Lake City, FL, 32024

DIRECTIONS TO PROPERTY: SR 47 South, TR King St, TL Bishop Ave, 8/10ths mile on left

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	SF Residential / MH	2	728	2 BR for 2 BR Like for like
2				1050 / 453 installed previously for SFR
3				
4				

ORIGINAL ATTACHED

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 2/1/2022

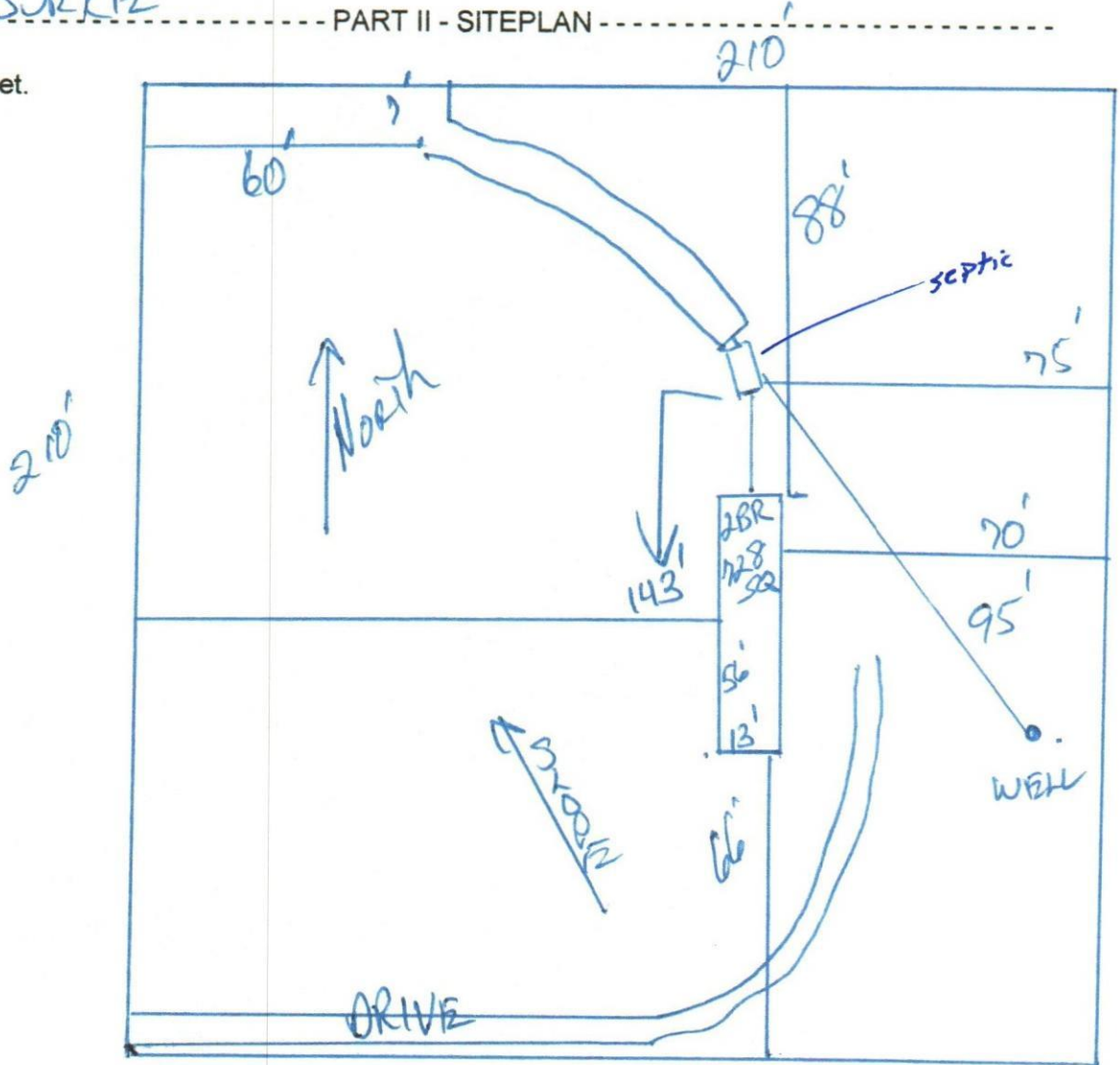
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 22-0084

Burke

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: 1 of 4.39 Acres SFA Attached

Site Plan submitted by: [Signature]

Plan Approved X

Not Approved _____

CONTRACTOR

Date 2/17/22

By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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