



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

PERMIT NO. 14-0013E
DATE PAID: 1/8/14
FEE PAID: 601.50
RECEIPT #: 1131447

APPLICATION FOR:

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

APPLICANT: CHARLES MURRAY / Young Park (JTWKS)

AGENT: Charles Murray TELEPHONE: 984-7226

MAILING ADDRESS: 297 S MARION AVE, Lake City, 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 #: 03 7546 04122-005 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ YES ☐ NO DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 164 SW GENESIS CT, Fort White FL 32038

DIRECTIONS TO PROPERTY: From Lake City, Take Hwy 47 to US 27, Turn Left 1 mile to // you see S.S.V ("Isiah Ministries"), Genesis Ct. Take left on 'A' Right of Way, next Parcel behind Isiah Ministries.

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>Residential</u>	<u>2</u>	<u>1755</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 1-7-2013

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

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

Grid area for site plan. Handwritten notes: "See Attached" and a "REVISED 1/9/14" stamp.

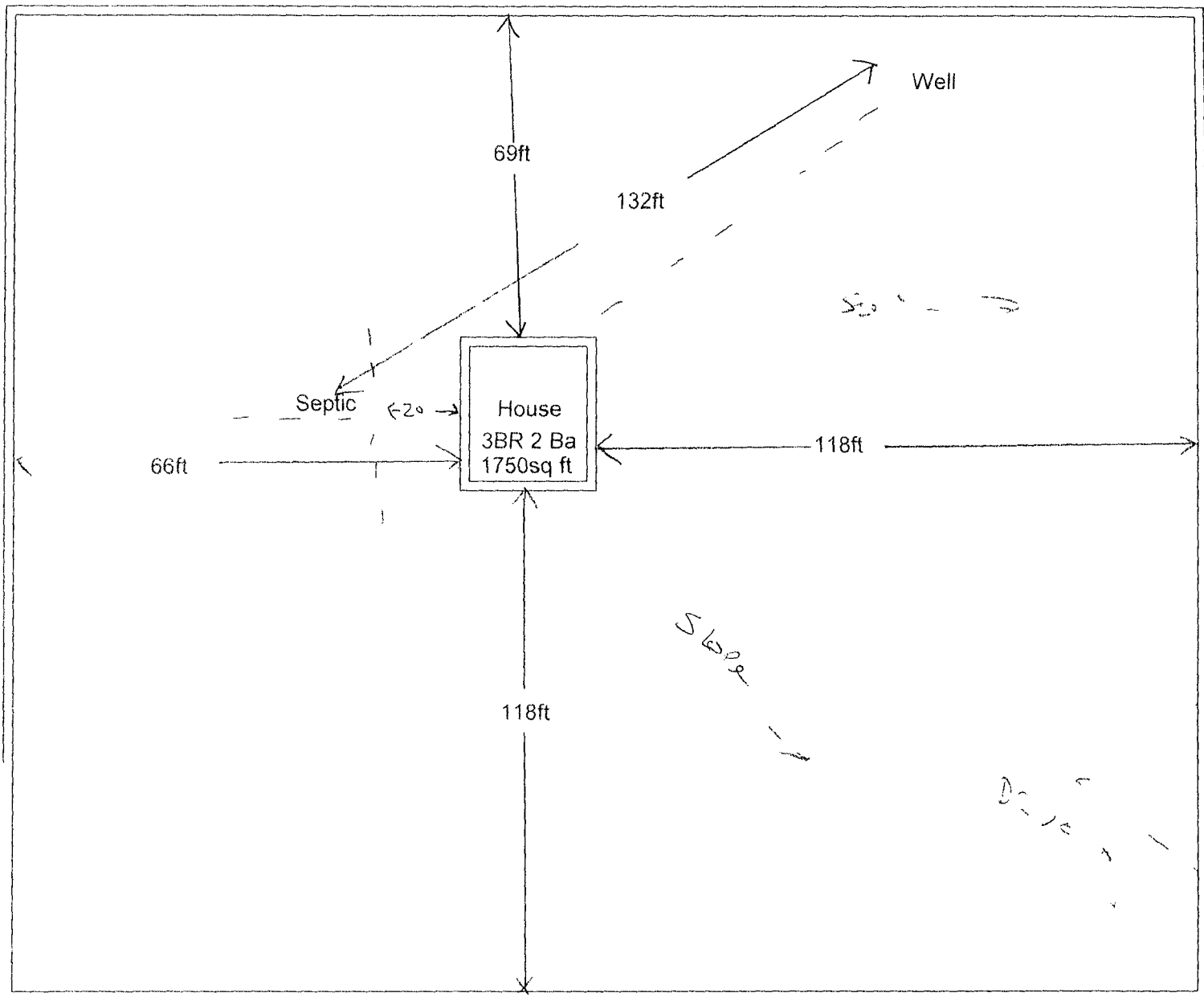
Notes _____

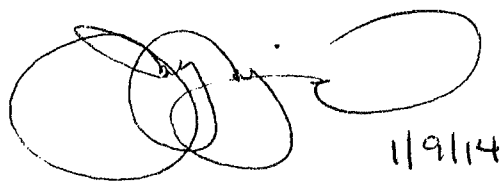
Site Plan submitted by [Signature] **REVISED 1/9/14** 1-9-2014

Plan Approved REVIEWED Not Approved _____ Date 1/9/14

By [Signature] Celestina County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT




11/9/14