



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

PERMIT NO.

DATE PAID:

FEE PAID:

RECEIPT #:

20-2813
10/9/20
318188
1583889

APPLICATION FOR:

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

APPLICANT: Thomas and Laura Montgomery

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: 30 BLOCK: NA SUB: High Point PLATTED: _____

PROPERTY ID #: 20-3S-16-02202-130 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 2.34 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: NW High Point Drive, Lake City, FL

DIRECTIONS TO PROPERTY: 90 W, TR on Brown Rd, TL on Brook Loop,
TR on High Point Dr, 1/2 mile to lot on Right

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
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1	SF Residential	4	2386	
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2				
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3				
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☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Rocky D. Ford

DATE: 10/7/2020

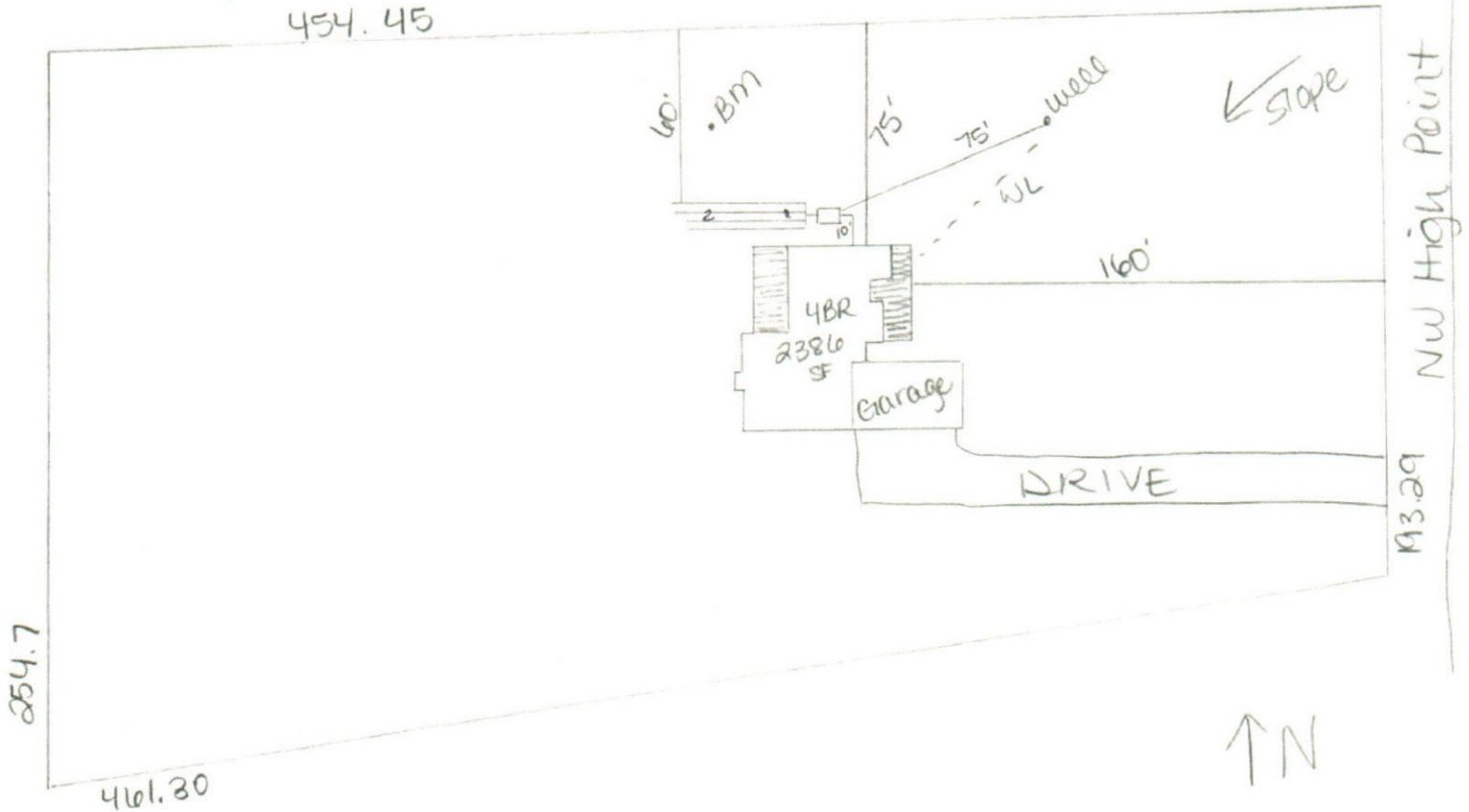
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 20-0813

Montgomery

PART II - SITEPLAN

Scale: 1 inch = ⁴⁰~~40~~ feet.



Notes: _____

Site Plan submitted by: *Korty D7*

MASTER CONTRACTOR

Plan Approved *[Signature]* Not Approved _____

Date 10-7-20

By *[Signature]* *Columbia*

County Health Department

10/13/20

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

