



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

PERMIT NO 21-0550
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:

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

APPLICANT: James & Sherry Blankenship
AGENT: Steel Buildings & Structures Inc. TELEPHONE: 877-2728270
MAILING ADDRESS: PO BOX 1287 Mount Airy NC 27030

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: 28.3 BLOCK: 2 SUBDIVISION: Clubview Park PLATTED: _____

PROPERTY ID #: 27-35-16-02346-016 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1.17 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 708 Clubview Circle

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

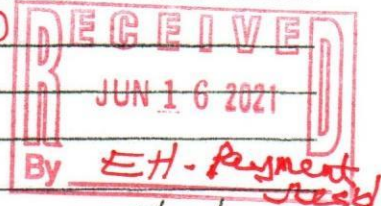
☒ RESIDENTIAL ☐ COMMERCIAL

Unit Type of No. of Building Commercial/Institutional System Design
No. Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC

1	22x30 w/12x30 lean-to (new)	1020	*NO UTILITIES*
2	(detached accessory structure)		
3			
4			

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: James H. Morris DATE: 5/21/20



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Permit Application Number _____

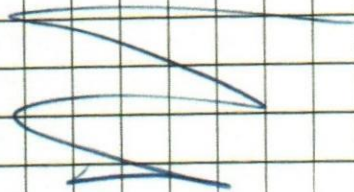
----- PART II - SITEPLAN -----

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

Blankenship

See

Attached



Notes: _____

*Site Plan submitted by: Myca Mustin Agent: ☒ Owner: _____ Date: 06-17-2021

Plan Approved ☒ Not Approved _____ Date 6/27/21

By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

21-0550

