

Email:

SSO 232002372

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

PERMIT NO. 20-0679
DATE PAID: 8/19/20
FEE PAID: 425.00
RECEIPT #: 1552820

APPLICATION FOR:

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

APPLICANT: Dennis + Beth Freeman

AGENT: Kes Reddik TELEPHONE: 755-3286

MAILING ADDRESS: 262 SW Freeman Glen

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 #: 01-55-16-03390-011 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.70⁺⁻ ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 262 SW Freeman Glen

DIRECTIONS TO PROPERTY: 47 S to SW Water Ave to SW 1st Rd TL
To Freeman Glen TR End of drive 1/3 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>Existing</u>	<u>3</u>	<u>1860</u>	<u>Res</u> ORIGINAL ATTACHED
2	<u>Addition</u>	<u>1</u>	<u>1960</u>	<u>Res</u>
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

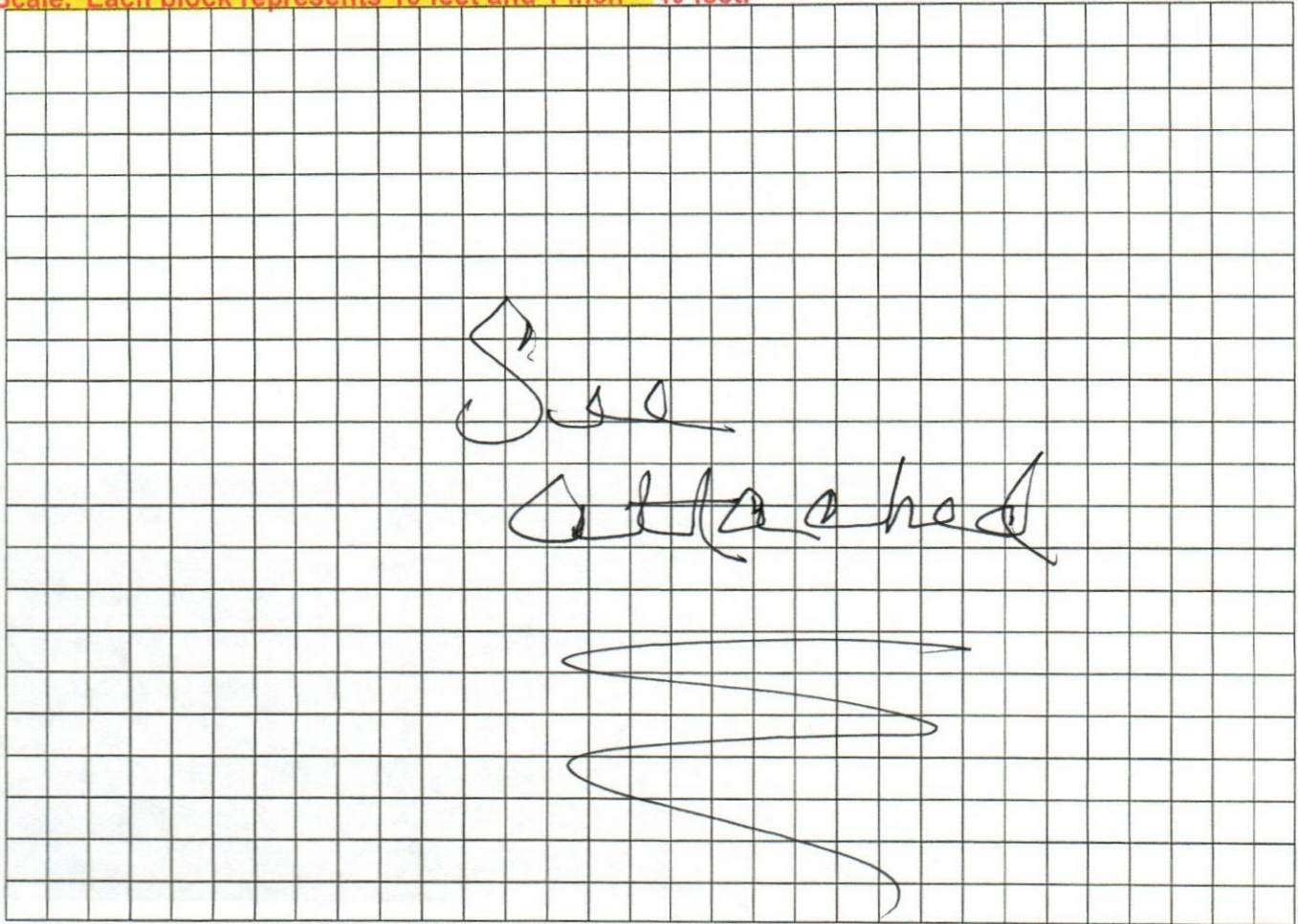
SIGNATURE Kes Reddik DATE: 8/19/20

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

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



Notes: _____

✓ Site Plan submitted by: Ken Reddik Agent: ✓ Owner: _____ Date: _____
Plan Approved ✓ Not Approved _____ Date 8/26/20
By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20-0679

