

550



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

PERMIT NO. DL-0531
DATE PAID: 6/18/21
FEE PAID: 535
RECEIPT #: 1279824

APPLICATION FOR:

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

APPLICANT: Daniel Eastman

AGENT: Tony D. Richards TELEPHONE: 3862082447

MAILING ADDRESS: 162 SW Pinemount Rd 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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 21-15-17-04554-003 ZONING: Res I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 4.8 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: 1144 NE OMAR Terrace Lake City, FL 32055

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

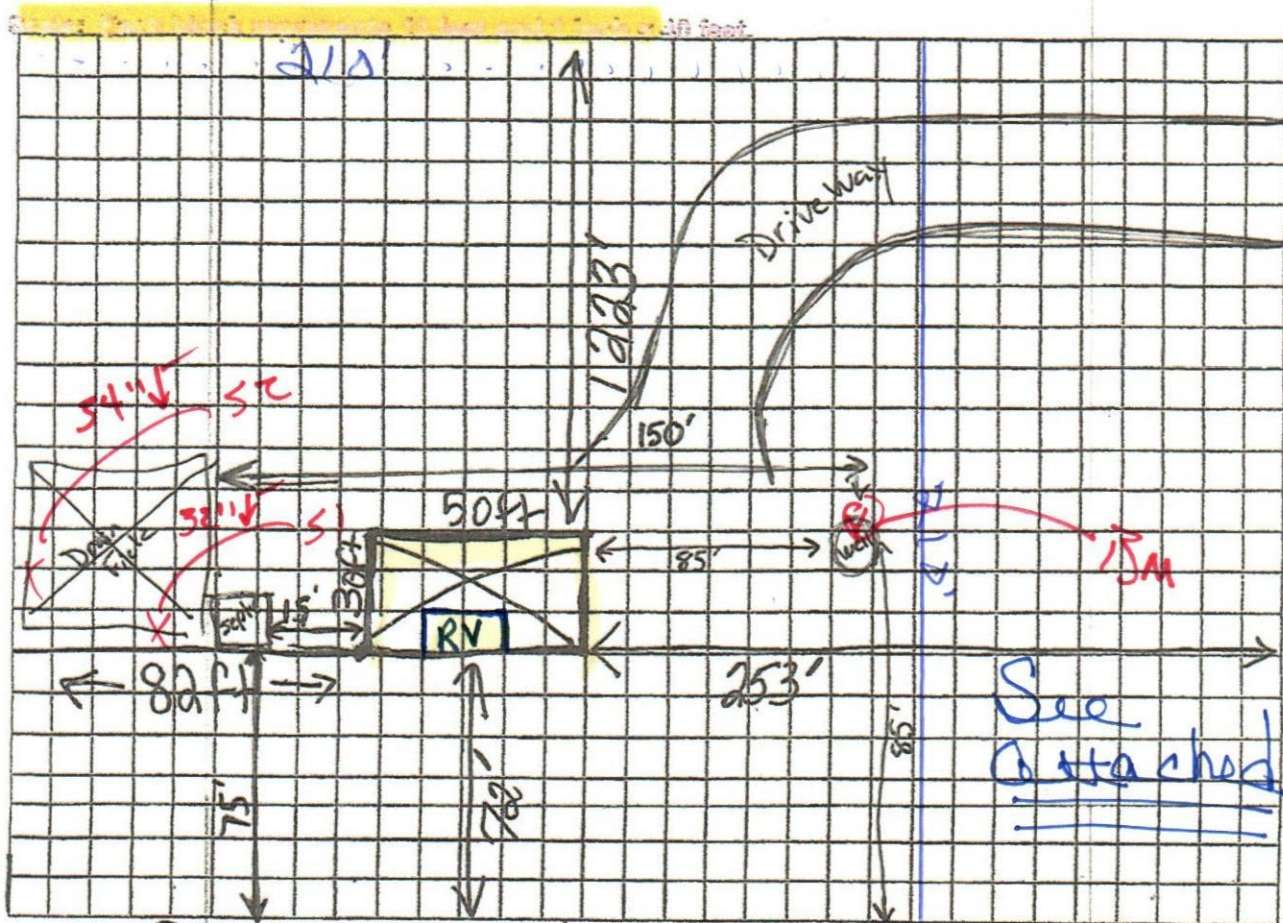
Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>RV Septic</u>	<u>1</u>		
2	<u>W/ 30x50 Accessory Structure</u>			
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 6/2/21

Permit Application Number 27-0531

PART II - SITEPLAN



Notes: 30x50 proposed structure

Site Plan submitted by: Richards, T Agent: ☒ Owner: _____ Date: 6/2/2008
Plan Approved ☒ Not Approved _____ Date: 6/17/08
By: _____ COLUMBIA County Health Department

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT