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

PERMIT NO. 20-0978 E
DATE PAID: 12.14.20
FEE PAID: 60.00
RECEIPT #: ~~AR18089~~ 1606965

APPLICATION FOR:
[ ] New System [√] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Domonique Williams

AGENT: Same TELEPHONE: 386 4063833

MAILING ADDRESS: 211 NE Hi-Hat place, Lake City FL 32055

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: 4 BLOCK: _____ SUBDIVISION: Woodglen PLATTED: _____

PROPERTY ID #: 34-2S-16-01844-104 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.06 ACRES WATER SUPPLY: [√] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 11 FT

PROPERTY ADDRESS: 427 Credo way

DIRECTIONS TO PROPERTY: North 41 Left on Fiddlers ln
left on Credo way 427

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	Mobile Home	P.W. 12.14.2020 3	1980	
2				
3				
4				

REVISED 12-14-20

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: _____ DATE: 12/14/20

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

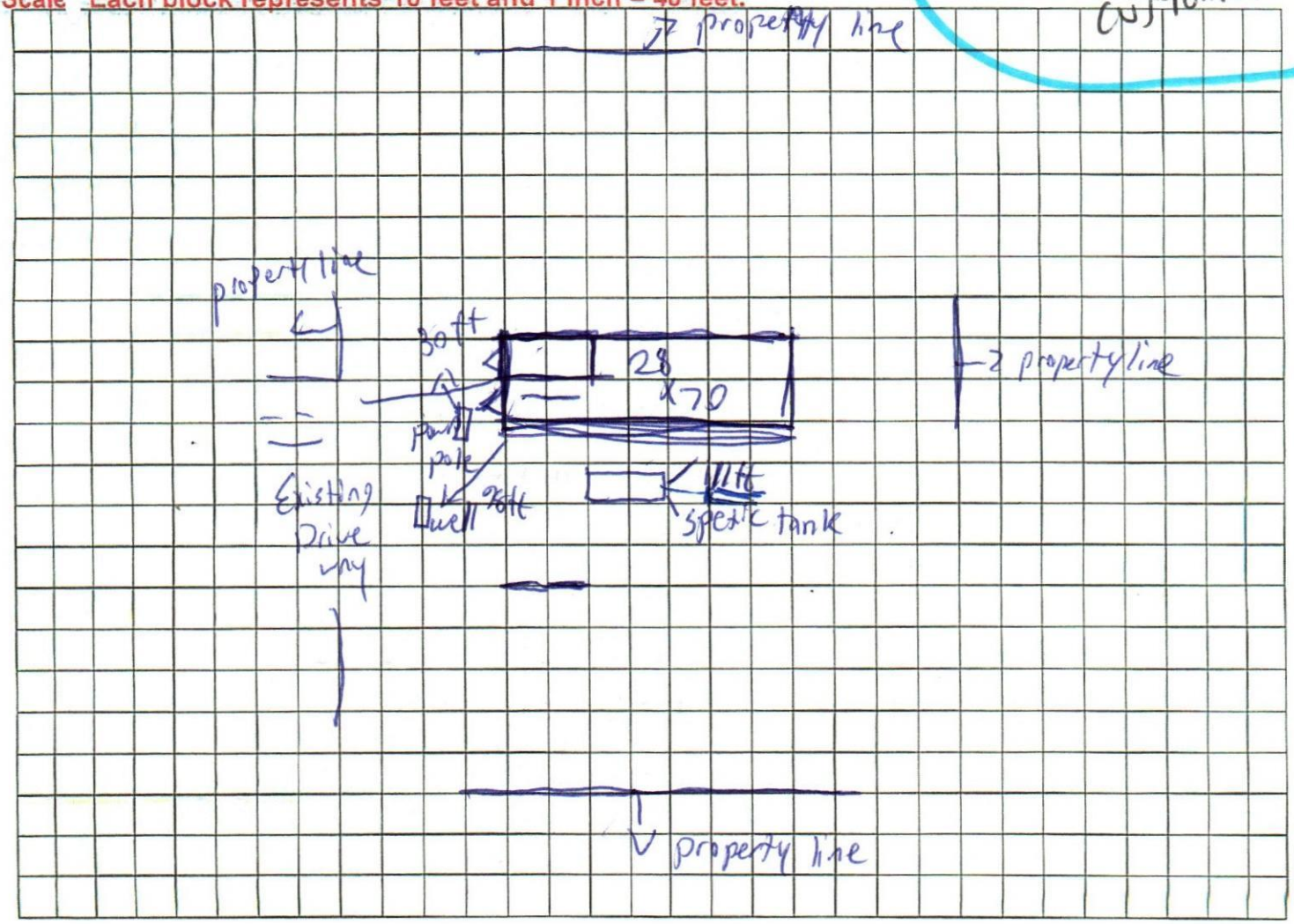
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20.0978.E

Emailed to customer

PART II - SITEPLAN

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



Notes: _____

Site Plan submitted by: Damarquis Williams TITLE _____ DATE: 12/8/20

Plan Approved ✓ Not Approved _____ Date 12-14-20

By Damarquis Williams Sallie Ford Env Health Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT