



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

PERMIT NO. 22-0010
DATE PAID: 1/6/22
FEE PAID: 60.00
RECEIPT #: 1784355
Amendment 55.88

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: William E ZIEGER JR WZIEGER1@AOL.COM

AGENT: _____ TELEPHONE: 386-867-0409

MAILING ADDRESS: 2557 SW OLD WIRE ROAD, 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: 9 BLOCK: N/A SUBDIVISION: PARADISE SOUTH PLATTED: _____

PROPERTY ID #: 24-58-16-03707-109 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 2557 S.W. OLD WIRE ROAD LAKE CITY, FL 32024

DIRECTIONS TO PROPERTY: SR47 TR ON 240 TR ON OLD WIRE ROAD LOT ABOUT 3 MILES SOUTH ON LEFT

BUILDING INFORMATION

[X] 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	(old) Mobile Home	4	2240	ORIGINAL ATTACHED
2	Home On Concrete Slab	3	1600	
3	RV to House	1	265	REVISED 6/7/22
4	mac 6/7/22			

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

SIGNATURE: William E. Zieger Jr DATE: 1/6/22

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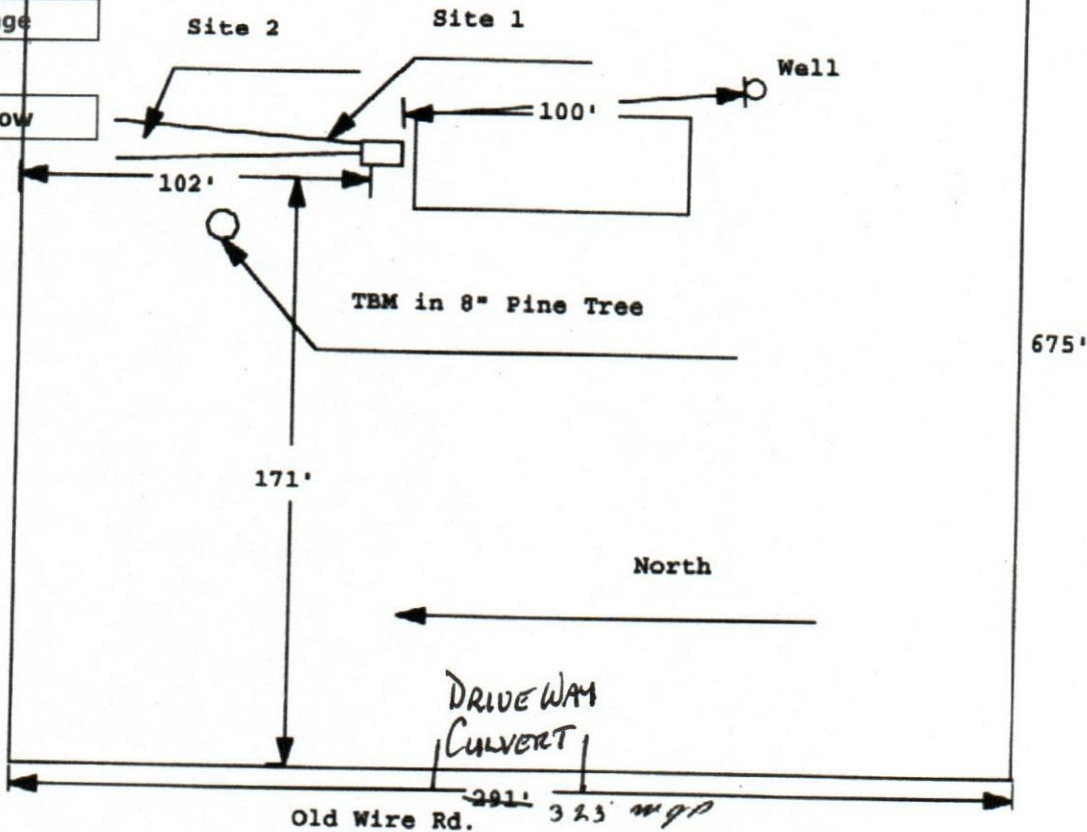
Permit Application Number

22-0010

PART II - SITEPLAN

- Rotate 180°
- Default Orientation
- Full Size
- Delete Image
- Close Window

Lot 9 Paradise South 5.01 Acres
1 inch = 50 feet



Site Plan submitted by: WILLIAM E. ZIEGLER JR Agent: Owner: X Date: 1/06/22
Plan Approved X Not Approved _____ Date 1/11/22
By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT