



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

PERMIT NO. 20-0897
DATE PAID: 11/13/20
FEE PAID: 400.00
RECEIPT #: 1600987

APPLICATION FOR:

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

APPLICANT: Tim and Kim Steichen

AGENT: Susan L. Frazee

TELEPHONE: (386) 292-6722

MAILING ADDRESS: 346 NW Ivy Glen, 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: 75 BLOCK: _____ SUBDIVISION: Callaway S/D PLATTED: _____

PROPERTY ID #: 15-4S-16-03023-375 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 0.5 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: 236 SW Stafford Ct., Lake City, FL 32024

DIRECTIONS TO PROPERTY: Go W to 247 S - 2.8 mi. Left onto SW Callahan Ave, left onto SW Callaway Dr., Rt. onto SW Pheasant Way, left onto SW Wilshire Dr., Rt. onto SW Stafford Ct.

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
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1	<u>inground swimming pool</u>			
2				
3				
4				

ORIGINAL ATTACHED

☐ Floor/Equipment Drains ☒ Other (Specify) _____

SIGNATURE: Susan L. Frazee

DATE: 10/14/2020

Permit Application Number 20-8897

PART II - SITEPLAN

This image shows a full page of blank graph paper. The grid consists of small squares formed by thin black lines. There are approximately 20 columns and 20 rows of squares across the page. The paper is white, and the grid lines are evenly spaced.

Notes:

See attached

Site Plan submitted by:

Susan L. Traze

10/14/2020

Plan Approved X

Not Approved

Date 21/10/20

By

Columbiana

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20-0897

NOTE: UNLESS IT BEARS THE ORIGINAL SIGNATURE AND THE ORIGINAL
AND MAPPER THIS DRAWING, SKETCH, PLAT OR MAP IS FOR INFO