



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

PERMIT NO. 22-0256  
DATE PAID: 3.26.22  
FEE PAID: 60.00  
RECEIPT #: APR 18 13659

APPLICATION FOR:

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

APPLICANT: Robert & Kim McIntyre

AGENT: N/A

TELEPHONE: 440-506-2676

MAILING ADDRESS: 333 NW Emerald Lakes Drive

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: 17418 BLOCK: \_\_\_\_\_ SUBDIVISION: Emerald Lakes PLATTED: \_\_\_\_\_

PROPERTY ID #: 28-35-16-02372-117 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ] ≤2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 333 NW Emerald Lakes Drive, LC 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>Metal</u>          | <u>—</u>        | <u>720</u>         |  |
| 2       |                       |                 |                    |  |
| 3       |                       |                 |                    |  |
| 4       |                       |                 |                    |  |

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Robert McIntyre

DATE: 3-24-22



STATE OF FLORIDA  
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Permit Application Number

22-0256

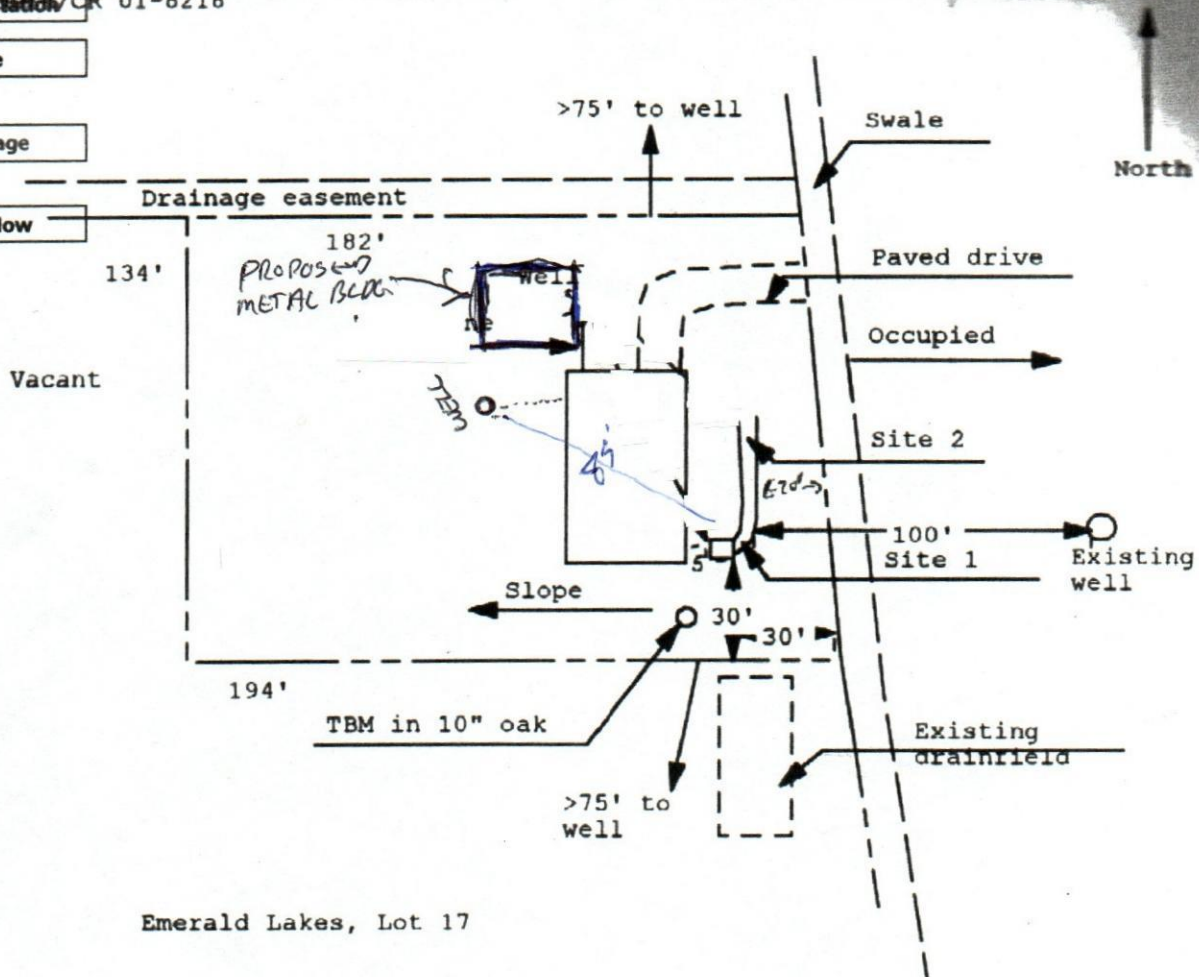
PART II - SITE PLAN

Default Orientation CR 01-8218

Full Size

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1 inch = 50 feet

Site Plan submitted by

*Robert Miller*

Agent:

Owner: ☒

Date: 3-24-22

Plan Approved ☒

Not Approved ☐

Date: 3-29-22

By

*Sallie Ford EH Director*

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

