



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

PERMIT NO. 21-01070
DATE PAID: 8/2/21
FEE PAID: 600.00
RECEIPT #: 1701673

APPLICATION FOR:

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

APPLICANT: Melinda Darling

AGENT: same TELEPHONE: 716-560-2723

MAILING ADDRESS: 291 SW Arbor Ln 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 #: 31-38-16-02413-001 ZONING: A3 I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 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: 291 SW Arbor Ln Lake City FL 32024

DIRECTIONS TO PROPERTY: Turn south onto Thomas Terrace. Turn right onto Arbor Lane. House # is on mail box. House is on north side of road.

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>house</u>	<u>3</u>	<u>1980</u>	<u>ORIGINAL ATTACHED</u>
2	<u>carport</u>	<u>-</u>	<u>720</u>	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Melinda Darling DATE: 8.2.21

pnmdarling1@hotmail.com

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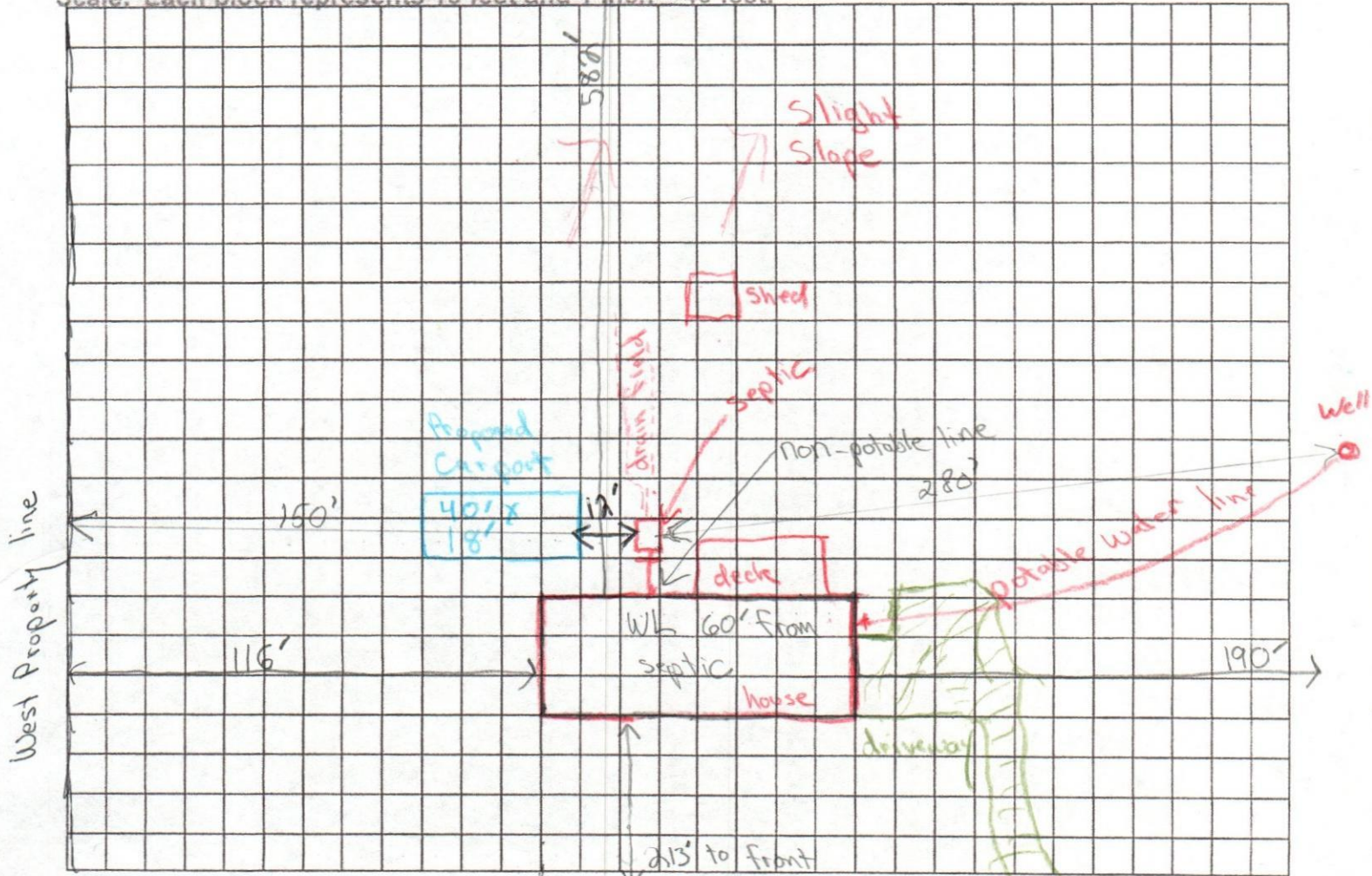
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

21-0670

PART II - SITEPLAN

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



Notes: Property dimensions - 150' x 825'

Site Plan submitted by: Melinda Darling Agent: (Owner) Date: 8-2-21
Plan Approved X Not Approved _____ Date 8/18/21
By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

