



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

PERMIT NO. 22-0024
DATE PAID: 11/3/22
FEE PAID: 60.00
RECEIPT #: 1785949

APPLICATION FOR:

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

APPLICANT: Edward Dale Robinson

AGENT:

TELEPHONE: 386-288-8407

MAILING ADDRESS: 1674 SE Clive Feagle Rd L.C. FL. 32025

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 #: 26-55-17-09389-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 92 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 1674 SE Clive Feagle Rd L.C. FL. 32025

DIRECTIONS TO PROPERTY: _____

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	<u>MH</u>	<u>3</u>	<u>984</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

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

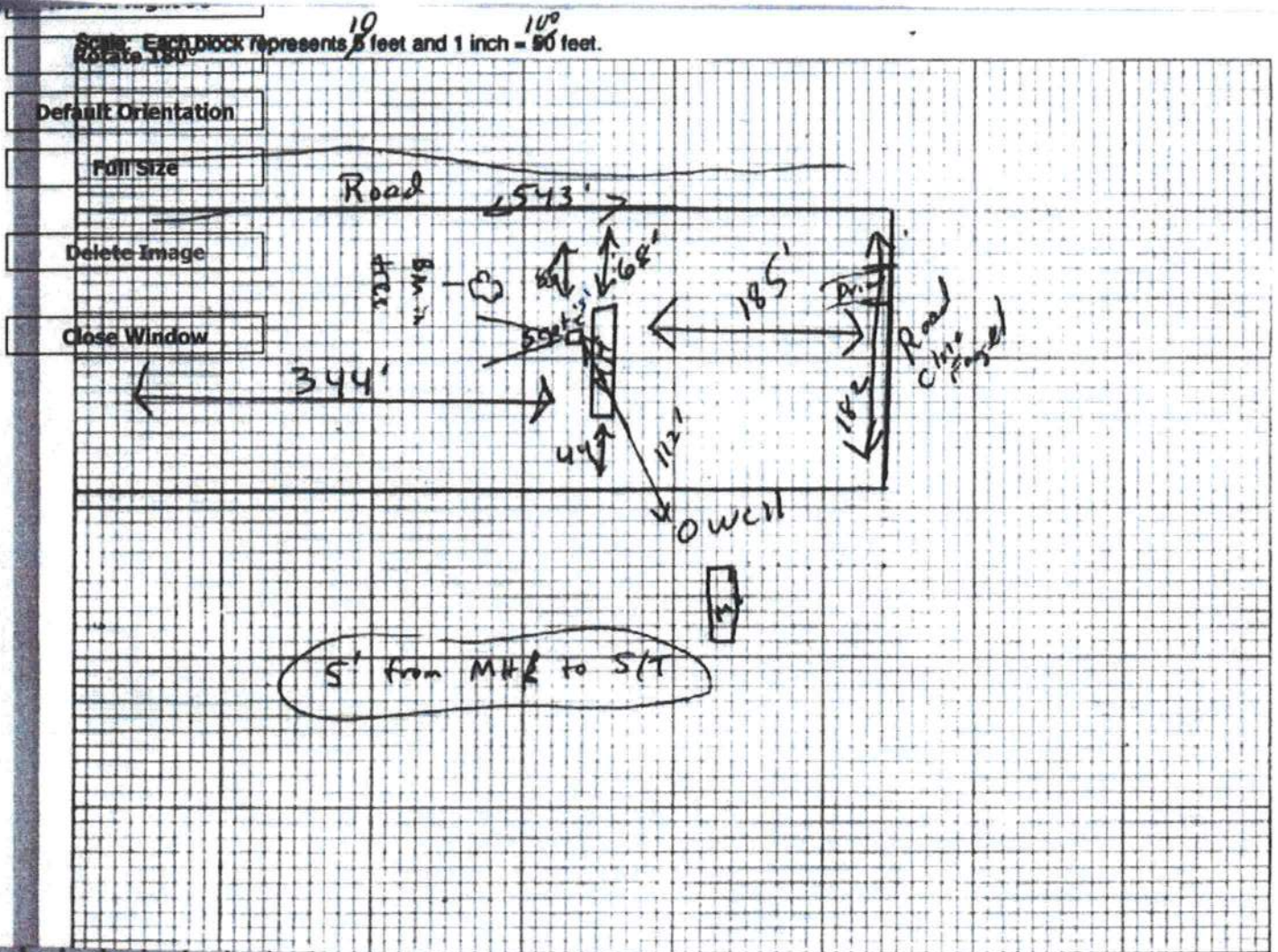
SIGNATURE: Edward Dale Robin

DATE: 1-12-22

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Permit Application Number 22-0024

----- PART II - SITEPLAN -----



Notes: _____

Site Plan submitted by: Clarence Dale Rabin TITLE _____ DATE: 1-12-22
Plan Approved ☒ Not Approved _____ Date 1-21-22
By Sallie Lord Env Health Director County Health Department
Columbia

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT