



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

PERMIT NO. 22-0094
DATE PAID: 2/1/22
FEE PAID: 200.00
RECEIPT #: 18020204

APPLICATION FOR:

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

APPLICANT: Derek Sneed

AGENT: Sonja North

TELEPHONE: 260-337-3557

MAILING ADDRESS: 1468 SW main Blvd 105-1 Lake City FL 32055

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: 2 BLOCK: _____ SUBDIVISION: Oak Forest Landing PLATTED: _____

PROPERTY ID #: 20-35-17-05182-102 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☒ N

PROPERTY SIZE: 1 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: 628 NE Diana Terr Lake City

DIRECTIONS TO PROPERTY: R on US-441N, R on NE Tammy Ln, R on NE Diana Terr, property on R

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 mobile home 3 1214

2 _____

3 _____

4 _____

ORIGINAL ATTACHED

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Sonja North

DATE: 2/1/22

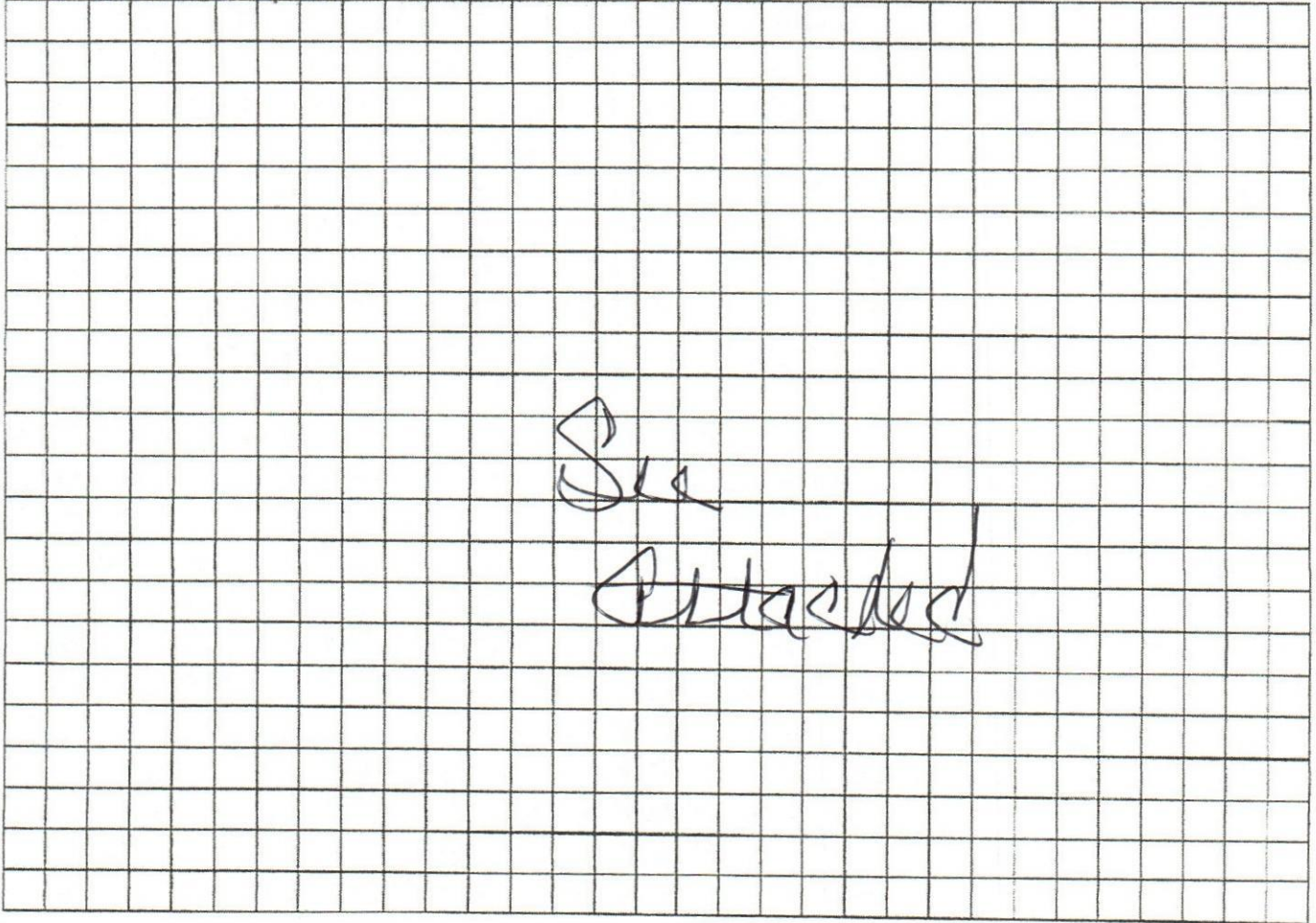
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

22-0094

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

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



Notes: _____

Site Plan submitted by: _____

Sanja Nordin

Plan Approved ☒ _____

Not Approved ☐ _____

Date 2.15.22

By _____

Sally Ford Env Health Director

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

