



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

PERMIT NO. 20-2614
DATE PAID: 8/5/20
FEE PAID: 600.00
RECEIPT #: 1529706

APPLICATION FOR:

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

APPLICANT: Tina & Jeff McNally

AGENT: H & L Customer Service, LLC

TELEPHONE: 386-984-9334

MAILING ADDRESS: 301 SW Faul Court Lake City FL 32024
Lamanda.Mote@gmail.com

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: 11 BLOCK: A SUBDIVISION: Pinemount Heights PLATTED: _____

PROPERTY ID #: 14-45-15-00367-111HX#3 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.51 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 507 SW Sabre Ave Lake City FL 32055

DIRECTIONS TO PROPERTY: ① onto NE Madison St, ② onto N. Marion Ave, ③ W. Duval St,
④ onto SR-247S, ⑤ onto SW CR 242, ⑥ onto 25th Rd -
destination on Right.

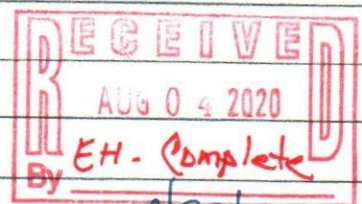
BUILDING INFORMATION

☒ 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>new Home MH</u>	<u>3bed/2bath</u>	<u>1494 sq ft.</u>	
2	<u>old Home</u>	<u>3bed/2bath</u>	<u>1456 sq ft.</u>	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Huomson



DATE: 8/30/20

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0414

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

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

Please
see
attached.

Notes: _____

Site Plan submitted by: Armando Hott

TITLE Agent

DATE 8/3/20

Plan Approved: ✓

Not Approved _____

Date 8/6/20

By: [Signature]

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20-0414

