



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

PERMIT NO. 21-0902
DATE PAID: 10/29/21
FEE PAID: 400.00
RECEIPT #: 1760584

APPLICATION FOR:

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

APPLICANT:

Douglas Kerwin

AGENT:

TELEPHONE:

954-593-1849

MAILING ADDRESS:

565 N.W. ARMADILLO LN.

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: 46 BLOCK: SUBDIVISION: Rolling Oaks PLATTED:

PROPERTY ID #: 09-35-16-02049-146 ZONING: A-3 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.09 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 565 N.W. ARMADILLO LN. LAKE CITY, FL. 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	CARPORT	0		ORIGINAL ATTACHED
2				
3				
4				

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

SIGNATURE:

X Douglas Kerwin

DATE:

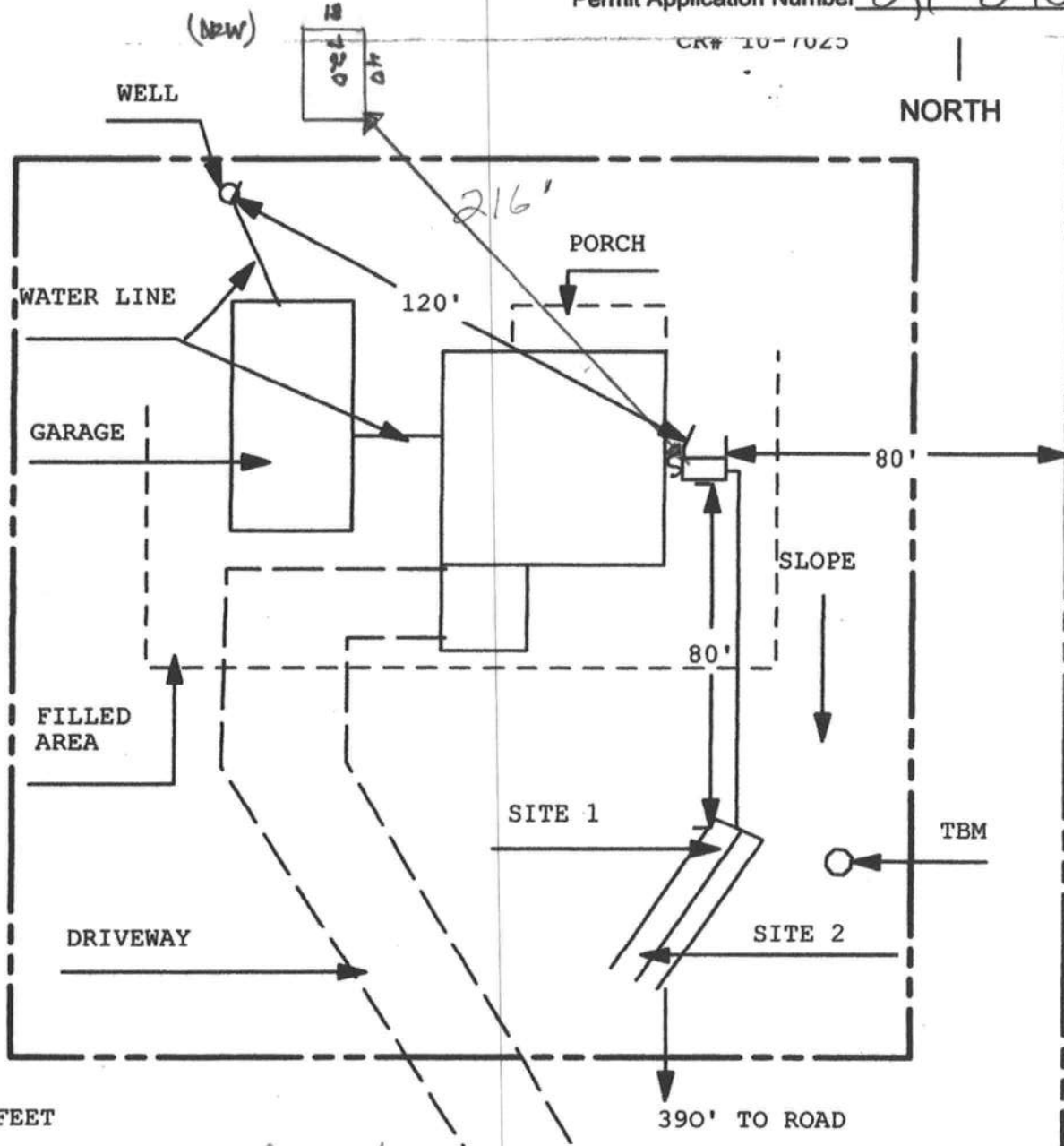
10-28-21

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DEPARTMENT OF HEALTH
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Permit Application Number

21-0902



1 INCH = 40 FEET

Site Plan submitted by:

Paula Lee

Agent:

Owner:

Date: 10-29-21

Plan Approved ☒

Not Approved ☐

Date: 11/1/21

By *[Signature]* COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT