



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

PERMIT NO. 20-0834
DATE PAID: 10/19/20
FEE PAID: 600.00
RECEIPT #: 1585921

APPLICATION FOR:

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

APPLICANT: Paula Payne

AGENT: Brittany Dunn

TELEPHONE: 772.340.4700

MAILING ADDRESS: 4175 SW 35th Terrace, Gainesville, FL 32608

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: 11a BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 04.65.17.09599.000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 79.92 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y] [N] DISTANCE TO SEWER: 11/2 FT

PROPERTY ADDRESS: 1605 SW Howell St, Lake City, FL 32024

DIRECTIONS TO PROPERTY: 441 South - L on 41 South - right on Howell rd to site 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>SFR</u>	<u>1</u>	<u>1961</u>	
2	<u>proposed metal building</u>	<u>0</u>	<u>744</u>	<u>ORIGINAL ATTACHED</u>
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: G. Dunn

DATE: 10.19.20

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Permit Application Number 20 0834

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

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

See attached site plan																																							
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Notes: _____

Site Plan submitted by: B. Gunn 10.19.20

Plan Approved ☒ Not Approved _____ Date 10/24/20

By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

