



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

PERMIT NO. 21-0996
DATE PAID: 12/12/21
FEE PAID: 310.00
RECEIPT #: 1768444

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: Hiram Suler Betista

AGENT: Woodmen Park Bldg TELEPHONE: 386-755-2411

MAILING ADDRESS: PO Box 1755 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: 1C BLOCK: _____ SUBDIVISION: Magnolia Place PLATTED: _____

PROPERTY ID #: 27.55-17 09415-11 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: PRIVATE PUBLIC []<=2000GPD []>2000GPD

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

PROPERTY ADDRESS: 144 cedarwood Cln lake city 32055

DIRECTIONS TO PROPERTY: 411 S to CR 349 RT to

cherrywood left to cedarwood RT 1 ft +
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 Single Family 3 1755

2

3

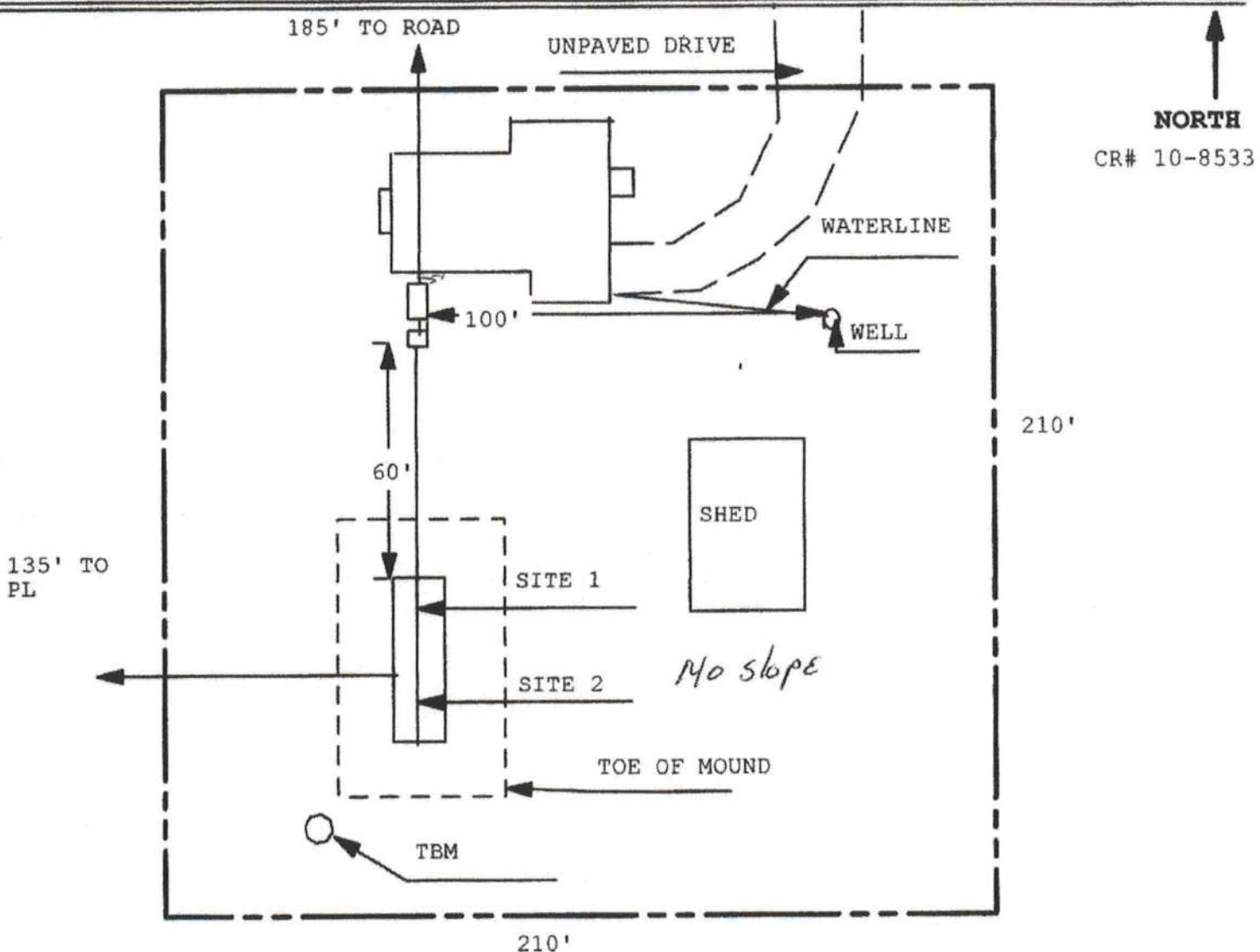
4

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Mary Huy DATE: 12-1-21

**Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 21-0996**

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



NO WELLS WITHIN 100'

1 INCH = 40 FEET

Site Plan Submitted By Paul Lloyd Date 11/22/21
Plan Approved ✓ Not Approved Date 12/10/21

By  ES2 Columbus CPHU

Notes: _____