



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

PERMIT NO. 20-0551
DATE PAID: 7/15/20
FEE PAID: 200.00
RECEIPT #: 525869

APPLICATION FOR:

[] New System [☒] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Robert Hughes
AGENT: Susan L. Frazee TELEPHONE: (386) 222-6722
MAILING ADDRESS: 346 NW Ivy Glen, 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: 14 BLOCK: _____ SUBDIVISION: Star Lake Estates PLATTED: _____

PROPERTY ID #: 28-35-16-02372-06A ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.7 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 379 NW Sylvi Dr., Lake City, FL 32055

DIRECTIONS TO PROPERTY: US90-4.5 miles, turn Rt onto NW Brown Rd, turn left onto NW Star Lake Place, turn Rt. onto NW Sylvi Rd.

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>inground pool</u>	_____	_____	<u>ORIGINAL ATTACHED</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

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

SIGNATURE: Susan L. Frazee DATE: 6/24/2020

Permit Application Number 20-0551

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

This image shows a full page of blank graph paper. The grid consists of small squares formed by thin black lines. There are approximately 20 columns and 20 rows of squares. A single horizontal line runs across the middle of the page, dividing it into two equal halves. The paper is otherwise completely empty, with no text or markings.

Notes: _____

Site Plan submitted by: Susan P. Fray TITLE See attached DATE: 6/24/2020
Plan Approved X Not Approved _____ Date 7/20/20
By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Robert Huges
379 NW Sylvi Drive
LAKE CITY 32055

20-8551

