



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

PERMIT NO. 22-0988
DATE PAID: 12/12/22
FEE PAID: 60.00
RECEIPT #: AP1925655

APPLICATION FOR:

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

APPLICANT: Wayne H. Nash

Yulee girl1983@gmail.com

AGENT: Alina Gill

TELEPHONE: 386-754-8844

MAILING ADDRESS: 4109 US Hwy 90 W 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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 18-35-16-02172-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 7 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 3339 NW Nash Rd Lake City FL 32055

DIRECTIONS TO PROPERTY: Please see Attached map
w/ Directions

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
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1	<u>Manufactured</u>	<u>2</u>	<u>728sqft</u>	
2	<u>(old mobile home is 2 bedrooms. Been gone for years)</u>			
3				
4				

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

SIGNATURE: Alina Gill

DATE: 12/12/22

22-0988

