

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

PERMIT NO 21-1045
DATE PAID: 12 272
FEE PAID: 310-00

APPLICATION FOR: [New System [] Existing System [] Holding Tank [] Innovative
[New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Cornerstone Developers II LLC
AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311
MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038
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: 84 BLOCK: NA SUB: Emerald Cove P. J. PLATTED:
PROPERTY ID #: 33-3s-16-02438-184 ZONING: I/M OR EQUIVALENT: [Y / W]
PROPERTY SIZE: 0.52 ACRES WATER SUPPLY: [PRIVATE PUBLIC] <= 2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /(N)] DISTANCE TO SEWER: N
PROPERTY ADDRESS: 394 SW Timberland Ct, Lake City, Fl
DIRECTIONS TO PROPERTY: TR Mto US-90W, TL Mto SW
Heathnidge DR, TR onto SW Timberland Ct.
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
SF Residential 3 1053
3
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: Millie A Mishop II. DATE: 12/17/2021

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	Pe	mit Application Numb	per 21 - 1045
Cornerstone Dwell	DUS II LLC PART II - SITEPLAN	V	
Scale: 1 inch = 40 feet.			
11			sex and Cx
		5	in Timberland Ct
·8m	WE 1653	SE SO 24'	130,39
79.11	178'		
Notes:			
Nitrogen re	duction s	ystem	
Site Plan submitted by: Plan Approved By	Not ApprovedE5 2	Glimbia	ASTER CONTRACTOR Date 12-17-21 County Health Department 12/28124

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT