

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

PERMIT NO.	21-0551
DATE PAID:	6/18/21
FEE PAID:	PD'00
RECEIPT #:	14818/0
	C TE O

APPLICANT: Gregory G. Bailey AGENT: TELEPHONE: 386-397-367 MAILING ADDRESS: 904 SW Ridge Street, Lake City, FL 32024 TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUENT 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: Oak Ridge Estates, Unit III PLATTED: PROPERTY ID #: 25-4S-16-03155-114 ZONING: AG I/M OR EQUIVALENT: [Y/PROPERTY SIZE: 4 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>200 IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: PROPERTY ADDRESS: 904 SW Ridge Street, Lake City, FL 32024 DIRECTIONS TO PROPERTY: SR 47 South to Ridge Street, Right on Ridge Street to Gertrudis. Property is on corner of Ridge and Gertrudis
MAILING ADDRESS: 904 SW Ridge Street, Lake City, FL 32024 TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUEY 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: Oak Ridge Estates, Unit III PLATTED: PROPERTY ID #: 25-4S-16-03155-114 ZONING: AG I/M OR EQUIVALENT: [Y/PROPERTY SIZE: 4 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <= 2000GPD [] > 200 IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: PROPERTY ADDRESS: 904 SW Ridge Street, Lake City, FL 32024 DIRECTIONS TO PROPERTY: SR 47 South to Ridge Street, Right on Ridge Street to Gertrudis. Property is on corner of Ridge and Gertrudis
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BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Des No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 Home 4 2722 ORIGINAL ATTACHED
Pole Barn 0 2400
4
[] Floor/Equipment Drains [] Other (Specify) SIGNATURE: Gregory G Baile SIGNATURE: Designative of the control of the contr

STATE OF FLORIDA DEPARTMENT OF HEALTH

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Permit Application Number_

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DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)

5/24/2021

