



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

PERMIT NO. 23-0088
DATE PAID: 11/31/22
FEE PAID: 600.00
RECEIPT #: 1934243

APPLICATION FOR:

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

APPLICANT: Glenn, Colin

AGENT: Susan L. Fraze

TELEPHONE: (386) 292-6722

MAILING ADDRESS: 346 NW Ivy Gln, 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: 1 BLOCK: B SUBDIVISION: Plantation Estates PLATTED: _____

PROPERTY ID #: 25-4S-16-03167-000 ZONING: _____ I/M OR EQUIVALENT: [Y] ☒ [N]

PROPERTY SIZE: 1.858 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] ≤ 2000 GPD [] > 2000 GPD

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

PROPERTY ADDRESS: 136 SW Stewart Loop, Lake City, FL 32024

DIRECTIONS TO PROPERTY: main Blvd. to Hwy 47S, right on to CR 242A, (1.3 miles), turn left onto Stewart Loop - 200 ft.

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>inground swimming pool</u>			<u>built 1968</u>
2				
3				
4				

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

SIGNATURE: Susan L. Fraze

DATE: 11/26/2023

Permit Application Number 23-0088

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 25 rows of squares. The paper has a slightly off-white or cream color, typical of aged paper. There are no markings, text, or drawings on the grid.

Notes: see attached

~~Not Approved~~

By _____

Date

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CR 242

23-0088

Glenn
136 SW Stewart Loop
Lake City FL 32024

