

FW

E-mail to (purecountryseptic@yahoo.com)



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

PERMIT NO. 22-0376
DATE PAID: 4/28/22
FEE PAID: 310.00
RECEIPT #: 1831311

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Kibler & Graziani

AGENT: Ronnie Moore

TELEPHONE: 352-246-3997

MAILING ADDRESS: PO Box 158 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: 22 BLOCK: _____ SUBDIVISION: Heatherwood PLATTED: 1999

PROPERTY ID #: 09-6S-17-09630-022 ZONING: SF I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 8.42 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ (N) DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 208 Skinner Glen Lake City FL 32024

DIRECTIONS TO PROPERTY: 441 south to SW Howell St turn right to SW Marion Mann Terr Turn left
to SW Manning PL turn left to SW Crockett Way turn right to SW Skinner Glen turn right to # 208
on left.

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>single family</u>	<u>4</u>	<u>2777</u>	
2	<u>storage</u>	<u>0</u>	<u>360</u>	
3	<u>total</u>	<u>4</u>	<u>3137</u>	
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Ronnie Moore

DATE: 04/19/22

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0374

----- PART II - SITEPLAN -----

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

See Attached																																							
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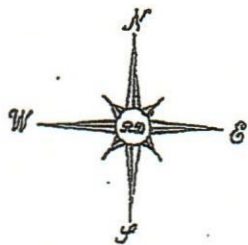
Notes: _____

Site Plan submitted by: Ron Moore M.S.T.C.

Plan Approved ☒ Not Approved ☐ Date 4/29/22

By [Signature] CS2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

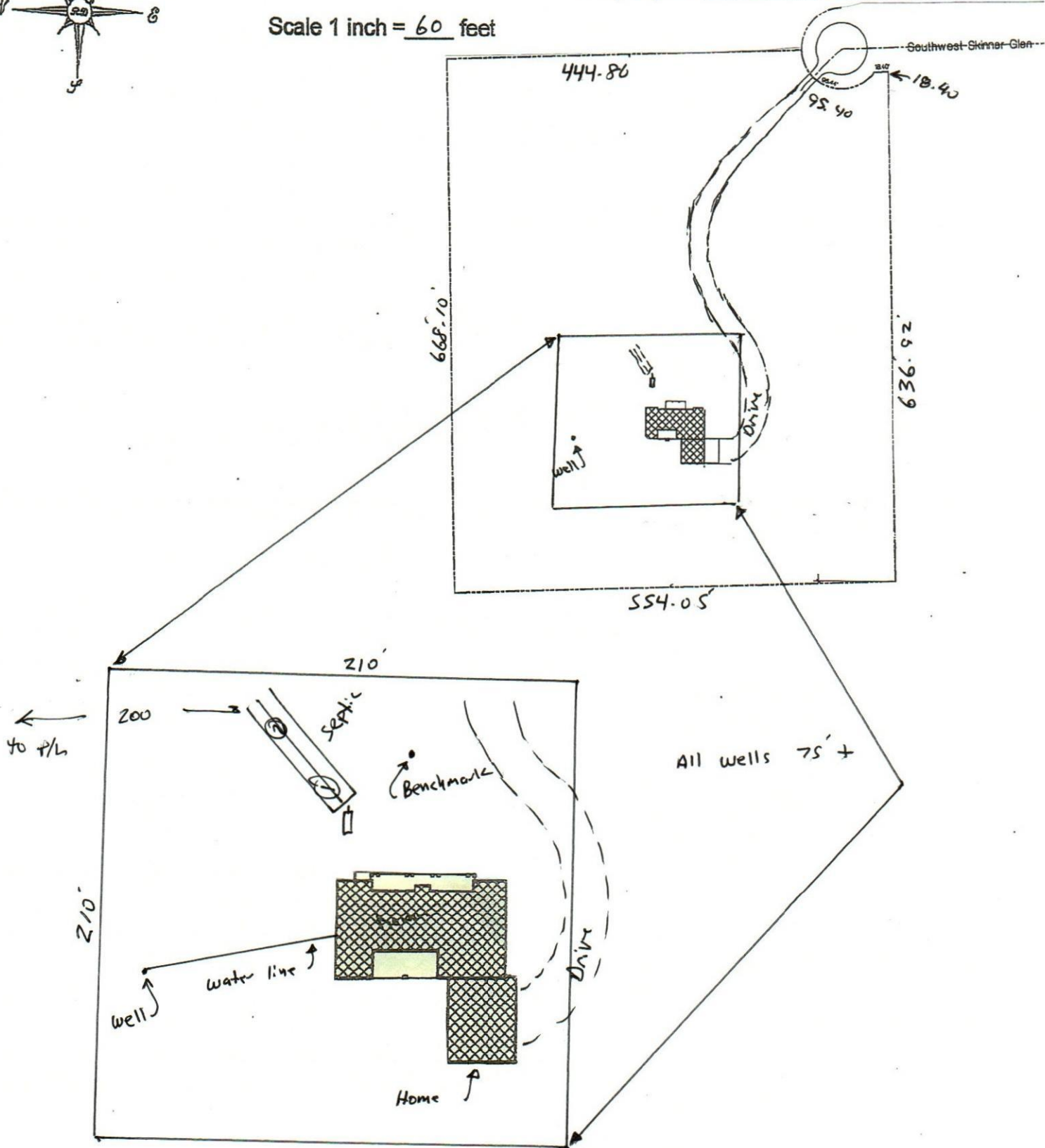


Permit #

22-0376

Property ID# 09-6S-17-09630-022

Scale 1 inch = 60 feet



Site Plan submitted by

Ron Moore

M.S.T.C.

Plan Approved

Not Approved

Date

By

County Health Department