



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

PERMIT NO. 22-0240
DATE PAID: 3/18/22
FEE PAID: 60.00
RECEIPT #: 1811777

APPLICATION FOR:

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

APPLICANT: Vsevolod and Julia Tolstov

AGENT: _____ TELEPHONE: (86)9859872

MAILING ADDRESS: 163 SW Crockett Way, Lake City,
FL 32024

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: 11 BLOCK: _____ SUBDIVISION: Heatherwood PLATTED: _____

PROPERTY ID #: 09-65-17-09630.90 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 4.52 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] ☐ ≤2000GPD [] ☐ >2000GPD

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

PROPERTY ADDRESS: SW Crockett Way, Lake City, FL

DIRECTIONS TO PROPERTY: 441 South turn (R) on SW 32024
Howell street. Turn (L) on SW Manning place
Turn (R) on Crockett way.

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>mother-in-law</u>	<u>1</u>	<u>512 sq</u>	<u>ORIGINAL ATTACHED</u>
2	<u>Suit</u>			
3				
4				

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

SIGNATURE: [Signature] DATE: 03-18-22

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

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

Please attached

Notes: _____

Site Plan submitted by: Julia Tolstov owner DATE: 03.18.22
Plan Approved ☒ Not Approved _____ Date 3.29.22
By Sallie Ford HH Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

