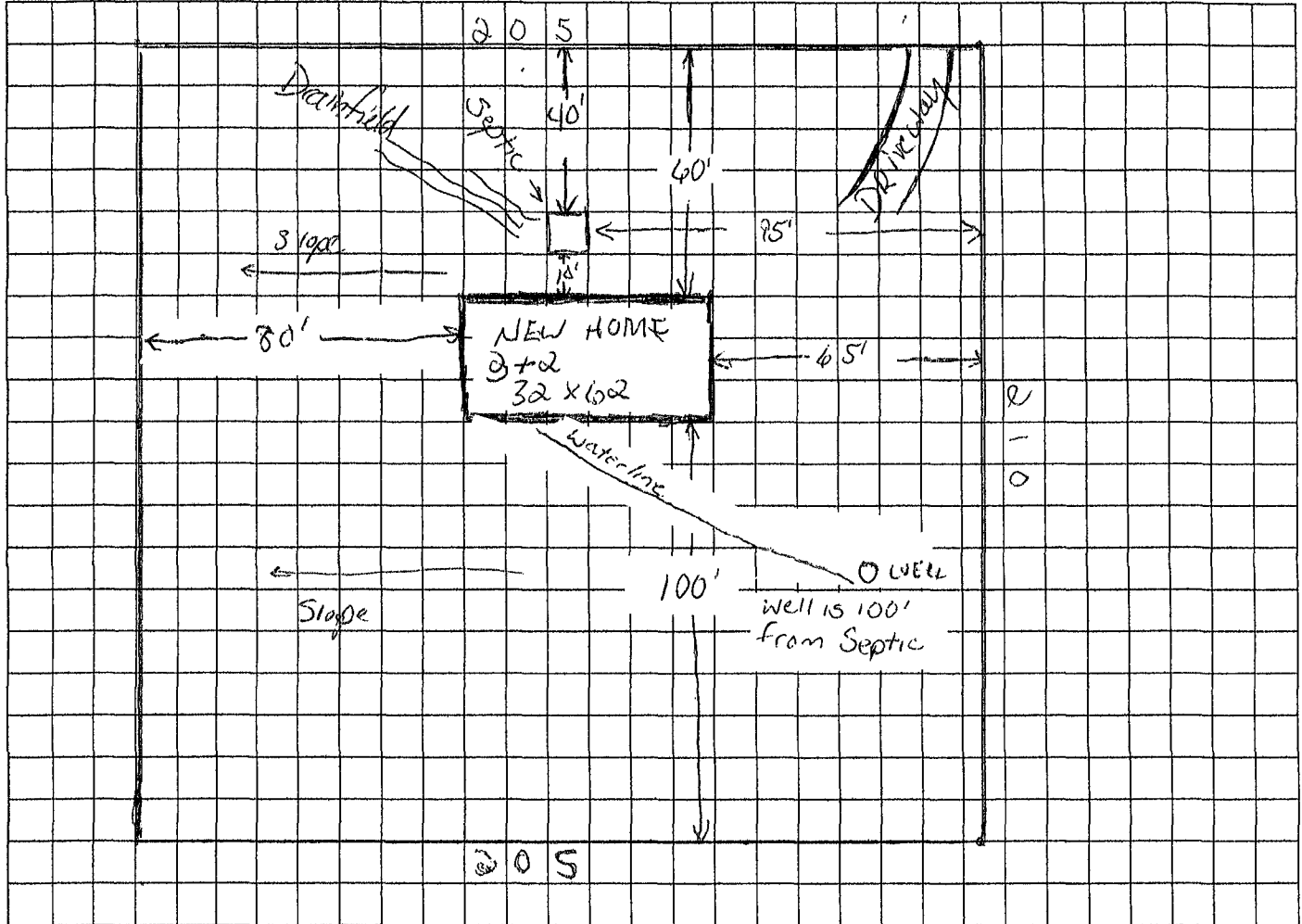


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 14-0169E

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

Scale: Each block represents 10 feet and 1 inch = 40 feet. *Billowing 61n.*



Notes: \_\_\_\_\_

Site Plan submitted by: *[Signature]*

Plan Approved *[Signature]*

Not Approved \_\_\_\_\_

Date 3/17/2014

By *[Signature]* *Columbia* County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

Bo Royals tax #  
758-7764



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

PERMIT NO. 14-51685  
DATE PAID: 3/18/14  
FEE PAID: 700.00  
RECEIPT #: 139702

APPLICATION FOR:

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

APPLICANT: Robert Milligan

AGENT: William "Bo" Royals

TELEPHONE: 365-3582

MAILING ADDRESS: 314 SW Billowing Gln 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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 25 45 16-03145 -000 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 1.16 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ] ≤2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ([ Y / N ]) DISTANCE TO SEWER: 100' FT

PROPERTY ADDRESS: 314 SW Billowing Gln. Lake City, FL 32024

DIRECTIONS TO PROPERTY: 47 South to CR 242 TR at Arrowhead go to Billowing Gln. TL property approx 1/2 mile 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>Mobile Home</u>	<u>3</u>	<u>1800sqft.</u>	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Will R

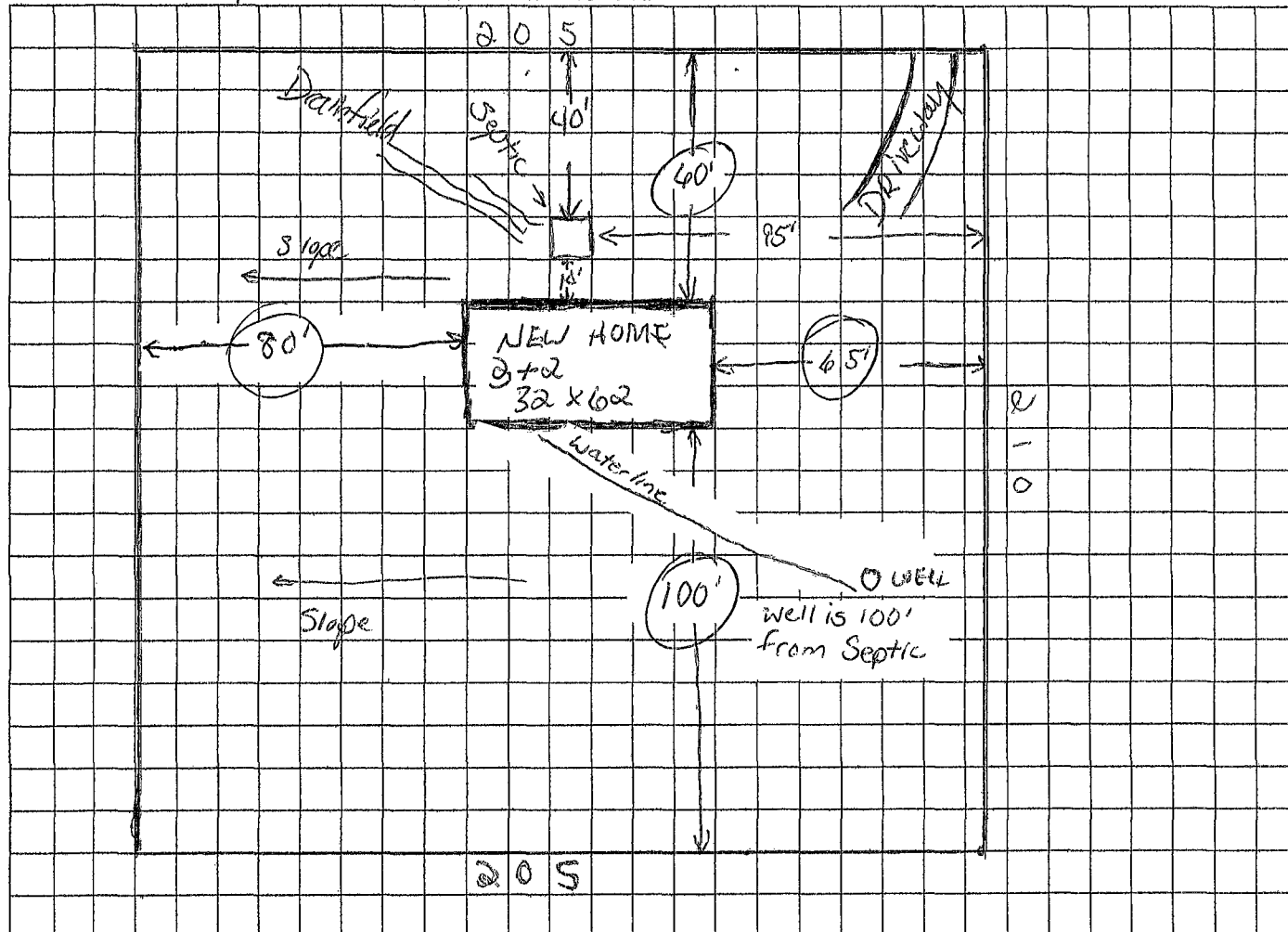
DATE: 3/17/2014

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number \_\_\_\_\_

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

Scale: Each block represents 10 feet and 1 inch = 40 feet. *Billowing 6 in.*



Notes: \_\_\_\_\_

Site Plan submitted by: *W. Lee*

Plan Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Date 3/17/2014

By \_\_\_\_\_ County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**