

SSOCOF #: 175 002 748 done on 06.23.2020 56



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

PERMIT NO. 20-0497
DATE PAID: 5-24-20
FEE PAID: 310.00
RECEIPT #: 1511232

APPLICATION FOR:

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

APPLICANT: Gibraltar Contracting, LLC

AGENT: Mark Bauer

TELEPHONE: _____

MAILING ADDRESS: 20267 NW 248th Way, High Springs FL 32643

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: 24 BLOCK: _____ SUBDIVISION: Cannon Creek Place PLATTED: _____

PROPERTY ID #: 24-45 -16-03114-124 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: .52 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: 261 SW Arrowbend Dr, Lake City FL, 32624

DIRECTIONS TO PROPERTY: Heading south on sisters welcome road, turn left onto SW Kichlighter terrace, and follow the left to SW Cannon creek drive. Take first right onto Gerald Connor Dr, and left on SW Arrowbend Dr. House is 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
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1	<u>Single Family Dwelling</u>	<u>4</u>	<u>1771</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: R. L. Ford RONALD FORD

DATE: 5-23-2020



STATE OF FLORIDA
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Permit Application Number 20-5497

****NOT** drawn to scale

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

see attached.

Thank you!

Notes: 261 SW Arrowbend Drive
LAKE CITY, FL 32024

Site Plan submitted by: RCF - Ronald Ford

Plan Approved _____ Not Approved _____ Date 6/26/2020

By KRM Ry Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Submitted by: PC-1 05.23.2020
Ronald Ford

