

## STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO. DATE PAID: FEE PAID:	20-0695
RECEIPT #:	1554016

APPLICATION F	OR CONSTRUCTION	PERMIT	1015	
APPLICATION FOR:  [ ] New System [ √ ] Ex.  [ ] Repair [ ] Ab.	isting System [andonment [	Holding Tank [ ] Innova   Temporary [ ]	tive	
APPLICANT: Fred Lowrey				
AGENT: Dale Burd / Dale Burd LLC		TELEPHONE : 386-365-	7674	
MAILING ADDRESS: 20619 County Ro				
TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	OR APPLICANT'S AUTHO TO 489.105(3)(m) OF PROVIDE DOCUMENTATI ING CONSIDERATION OF	PRIZED AGENT. SYSTEMS MUST BE CO 8 489.552, FLORIDA STATUTES. IT ON OF THE DATE THE LOT WAS CREAT 9 STATUTORY GRANDFATHER PROVISION	NSTRUCTED IS THE ED OR IS.	
PROPERTY INFORMATION		THE COLOR SEASON		
LOT: NA BLOCK: NA S	SUBDIVISION: NA	PLATTED	NA	
PROPERTY ID #: 24-58-15-00473-005	S ZONI	NG: NA I/M OR EQUIVALENT:	[ No ]	
PROPERTY SIZE: 1 ACRES	WATER SUPPLY: [ ✓ ] F	PRIVATE PUBLIC [ ]<=2000GPD [	]>2000GPD	
IS SEWER AVAILABLE AS PER 381.0065, FS? [ No ] DISTANCE TO SEWER: na FT				
PROPERTY ADDRESS: 803 SW Daisy F	Road, Lake City, FL, 32024			
DIRECTIONS TO PROPERTY: SR 47	South, TR CR 240, TL SW Ic	hetucknee Ave, TR SW Ford Lane, TR SW Dai	sy, 3/10ths	
to access on right, All the way in the back				
BUILDING INFORMATION	[ ✓ ] RESIDENTIAL	[ ] COMMERCIAL		
Unit Type of No Establishment		Commercial/Institutional Syste t Table 1, Chapter 64E-6, FAC	m Design	
1 SF Residential / MH	2 1130	2 BR for 2 BR Like for like		
2		ORIGINAL ATTACHED		
3				
4				
[ ] Floor/Equipment Drains	[ ] Other (Speci	fy)		
SIGNATURE:		DATE: 8/26/2020		

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## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number 20 -04 Laureny ..... PART II - SITEPLAN .... Scale: 1 inch = 40 feet. PHASEE AMARAGE Site Plan submitted by: Not Approved

Columbia

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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County Health Department

