

SSA 224 104 177



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

21.0658  
PERMIT NO. \_\_\_\_\_  
DATE PAID: 7-29-21  
FEE PAID: 425.00  
RECEIPT #: AP1700788

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary     \_\_\_\_\_

APPLICANT: Emilio + Theresa Perez    305-904-3807

AGENT: Sonja North    TELEPHONE: 803-517-5701

MAILING ADDRESS: PO Box 898 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: 7    BLOCK: \_\_\_\_\_    SUBDIVISION: Cole's Unsubs @ Wilson Springs    PLATTED: \_\_\_\_\_

PROPERTY ID #: 06-75-16-04145-017    ZONING: \_\_\_\_\_    I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 10 ACRES    WATER SUPPLY:  PRIVATE    PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 725 SW Coles Ct Ft White, FL 32038

DIRECTIONS TO PROPERTY: R on N Marion Ave, L on NW Madison St, L on NW Main Blvd, R onto 475, R on SW Wilson Springs Rd, R onto Cole Ct, property on R

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>2,085</u>	
2				
3				
4				

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

SIGNATURE: Sonja North    DATE: 7/27/2021

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

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

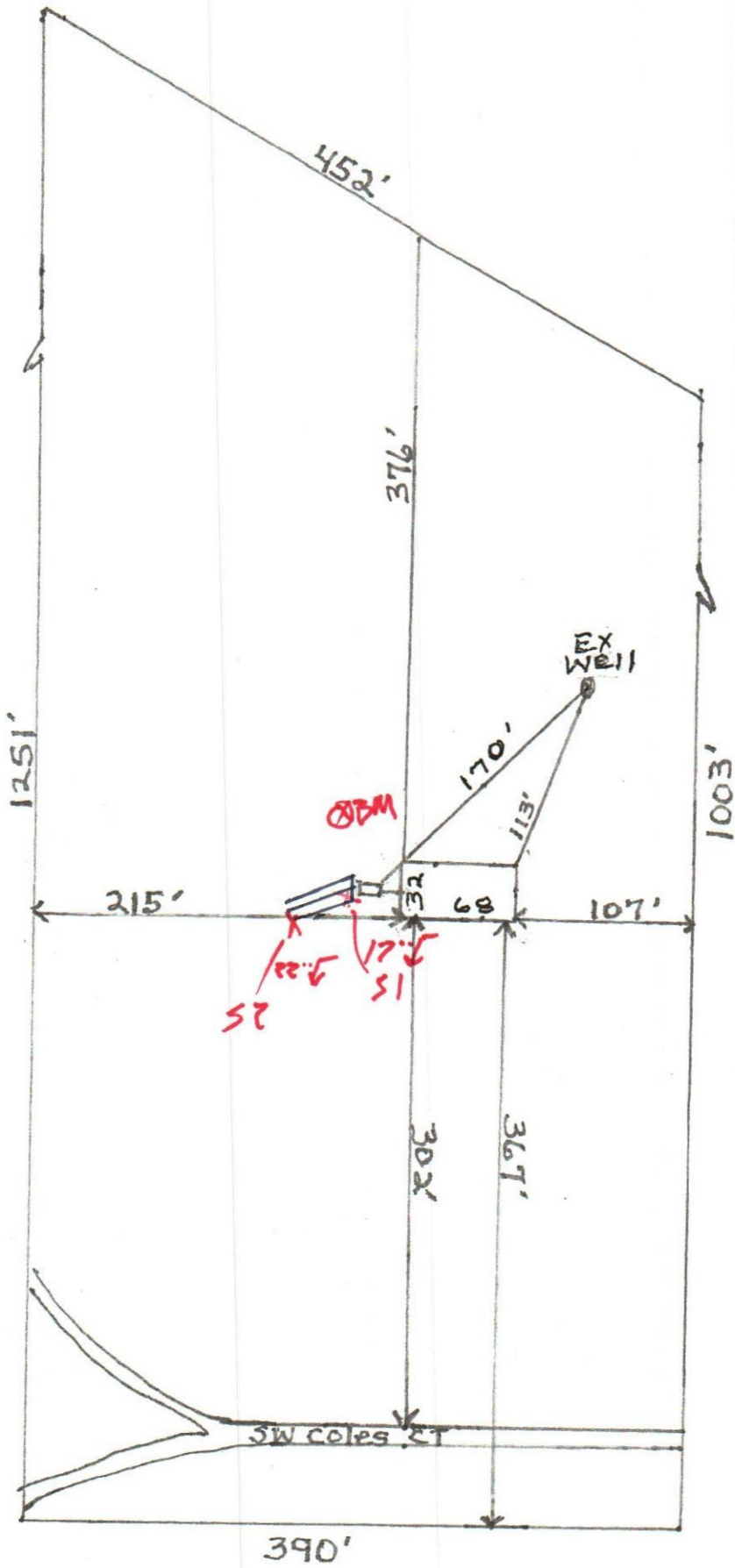
Site Attached

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

Site Plan submitted by: Southern North  
Plan Approved  Not Approved  Date 7/27/2021  
By: [Signature] Columbo County Health Department

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

21-0658



Perez