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

PERMIT NO. 21-0434
DATE PAID: 5/6/21
FEE PAID: 425.00
RECEIPT #: LE17208

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
- Repair Abandonment Temporary _____

APPLICANT: MATHEW A. POLLACK

AGENT: _____ TELEPHONE: 904-536-3939

MAILING ADDRESS: 6087 SW COUNTY RD 138 FORT 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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 20-75-16-04264-005 ZONING: A3 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.96 ACRES WATER SUPPLY: [PRIVATE] PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 6153 SW COUNTY RD 138 FORT WHITE, FL 32038

DIRECTIONS TO PROPERTY: TURN OFF SW CR 138 AT 6159 SW CR 138, PROPERTY HAS ACCESS BY ROAD TO THE RIGHT OF MOBILE HOME AT 6159 SW CR 138 AND IS DIRECTLY BEHIND IT

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>4</u>	<u>1960</u>	
2				
3				
4				

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

SIGNATURE: [Signature] DATE: _____

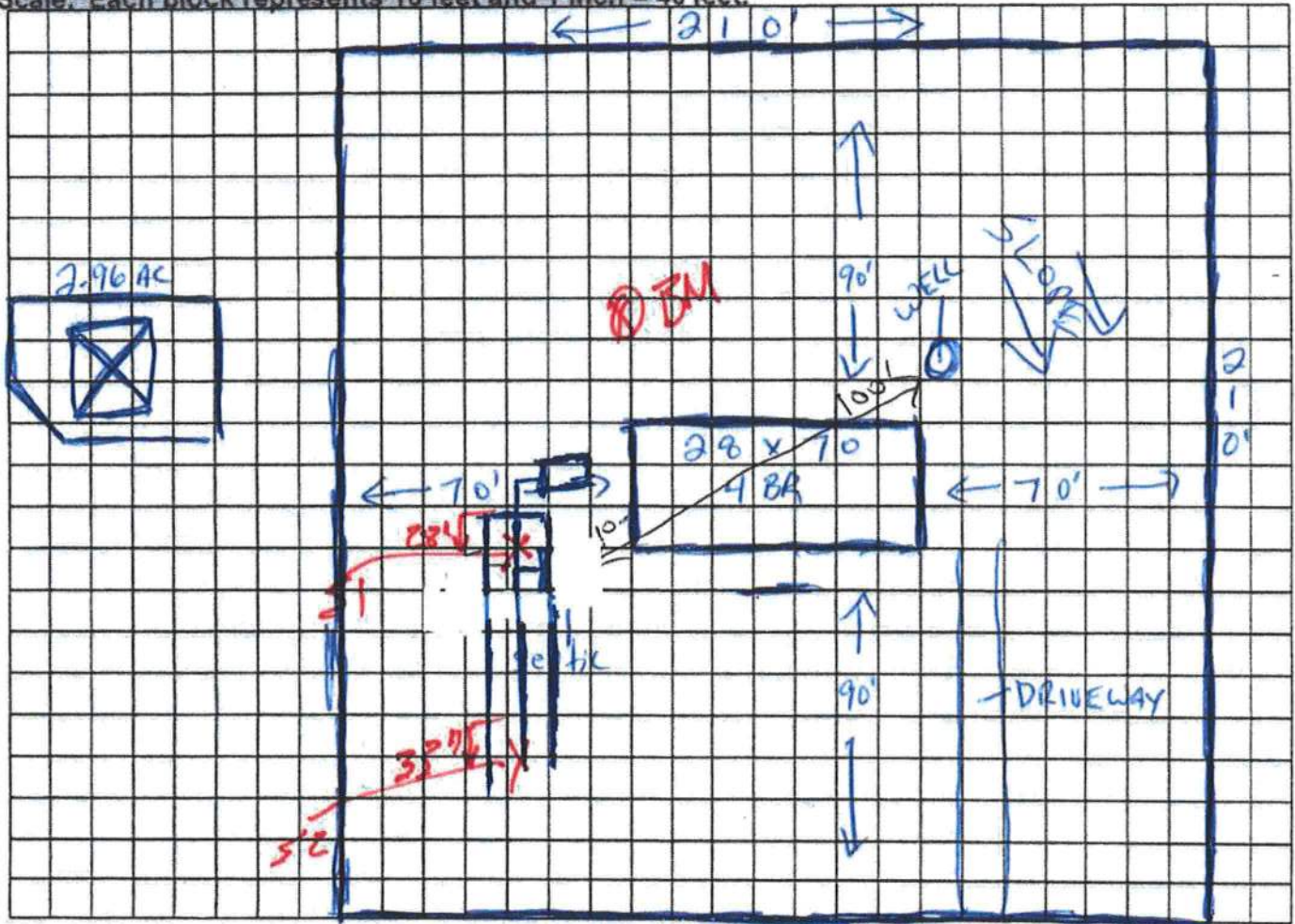
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----- PART II - SITEPLAN -----

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



Notes: 1 of 2.96 AC

Site Plan submitted by: MATTHEW POLLACK Agent: _____ Owner: Date: 5-6-21

Plan Approved Not Approved _____ Date: 5/19/21

By: [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT