



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 25-0409
DATE PAID: 5-7-25
FEE PAID: 5-7-25+60.00
RECEIPT #: 0218840

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Jason Florence, Christine Beare EMAIL: jaycee021122@gmail.com

AGENT: _____ TELEPHONE: (352)-663-3847

MAILING ADDRESS: 3915 SW. Centerville Ave. 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

OSTDS REMEDIATION PLAN? [Y / N]

LOT: _____ BLOCK: _____ SUBDIVISION: DIST. 4 PLATTED: _____

PROPERTY ID #: 28-6S-16-039648-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 3.95 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 3915 SW. CENTERVILLE AVE. FORT WHITE FL. 32038

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

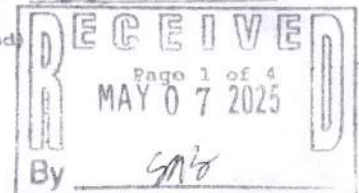
[X] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>GARAGE</u>	<u>0</u>	<u>1000</u>	<u>NO ORIGINAL ATTACHED NO original found</u>
2				
3				
4				

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

SIGNATURE: Jason F. DATE: 5/6/25

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used) Incorporated 62-6.004, FAC

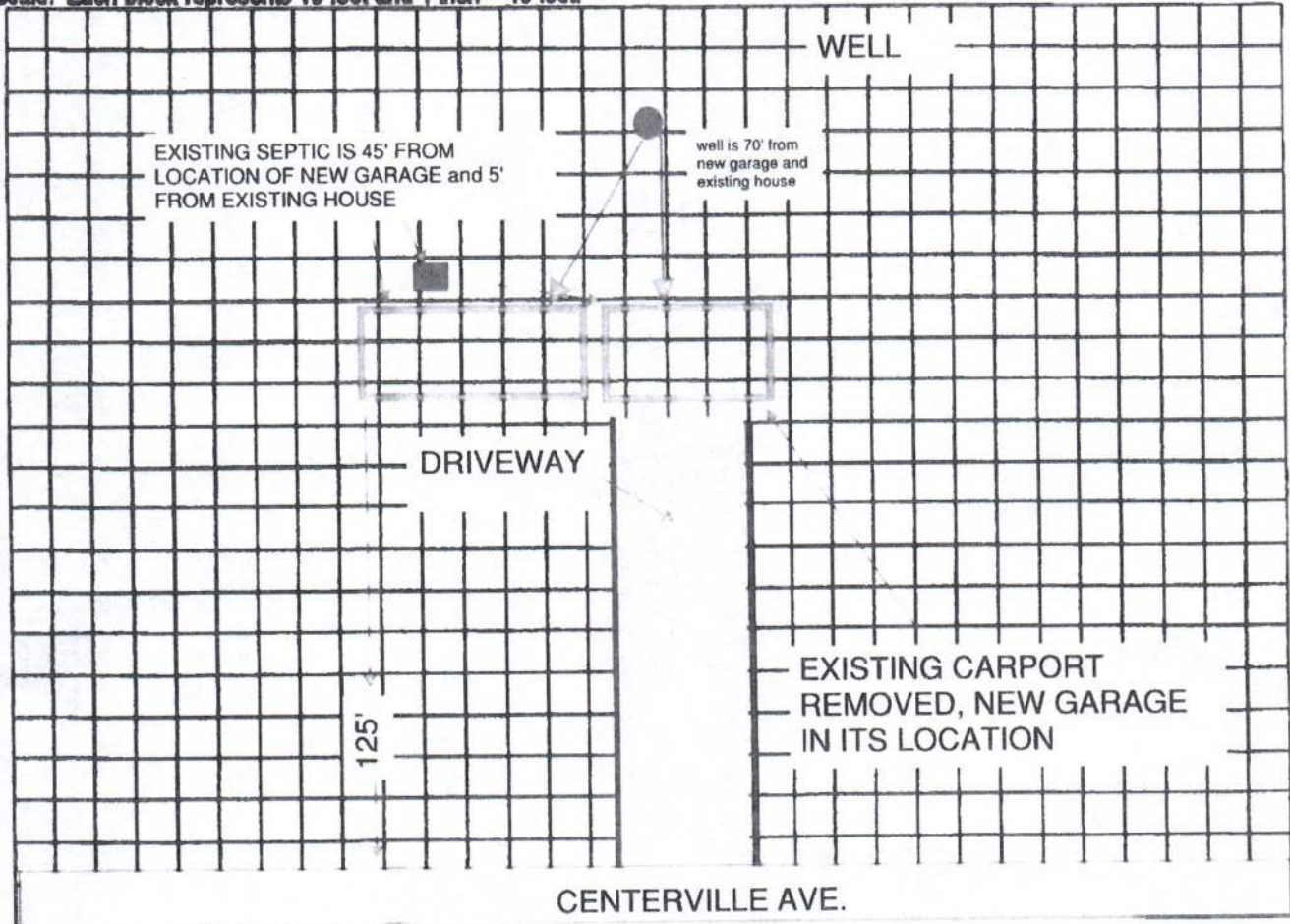


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----- PART II - SITEPLAN -----

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



Notes: ONE ACRE OF 3.95 ACRES

Site Plan submitted by: Jessal Florence

Plan Approved _____ Not Approved _____

By _____ Columbia

RECEIVED
MAY 07 2025
By _____
Date _____
County Health Department
5/12/25

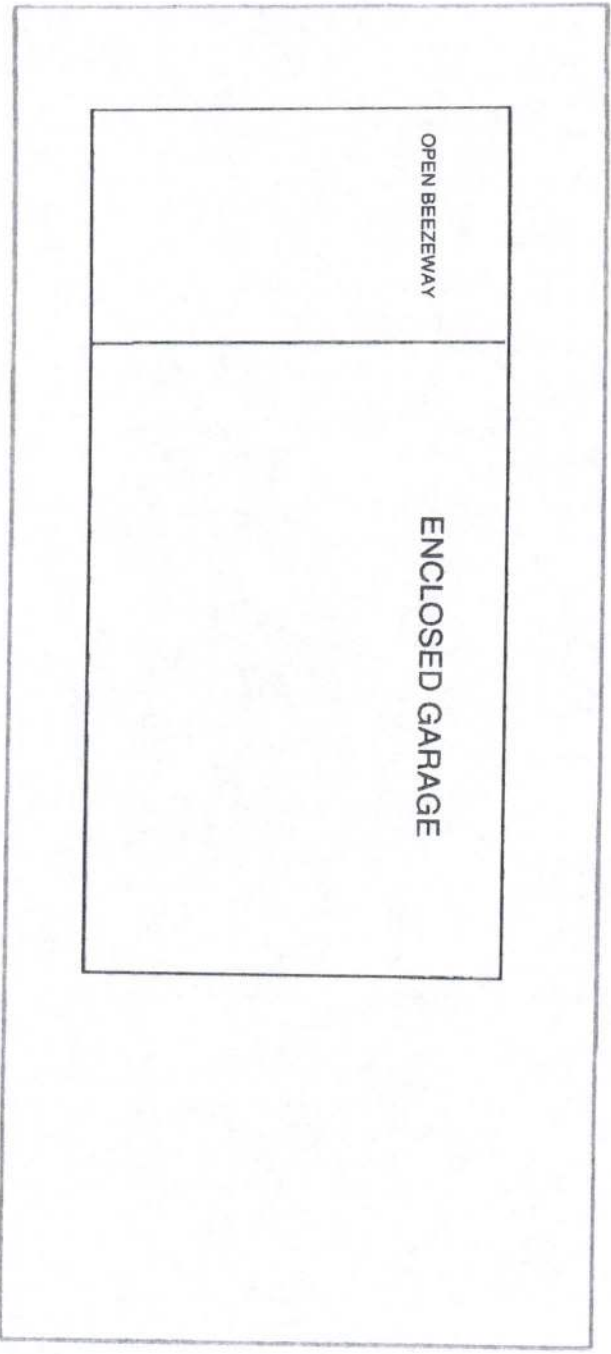
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

25-0409
LMS

FLOOR PLAN

LENGTH: 40

WIDTH: 25'



BEDROOMS: 0 & SQ FOOTAGE OF LIVING AREA: OR Bldg. SQ FOOTAGE: 1000

PLEASE NOTE THAT A FLOORPLAN OF YOUR HOME OR STRUCTURE IS REQUIRED. WE DO NOT REQUIRE ACTUAL BLUEPRINTS. IF YOUR DEALER HAS PROVIDED A FLOORPLAN, WE PREFER IT. IF NOT PLEASE SKETCH ONE SHOWING OUTSIDE DIMENSIONS AND INSIDE ROOM LAYOUT.
SHEDS, STORAGE, OR OTHER Bldg. MAY BE NOTED AS OPEN OR CLOSED. ANY with no bedrooms or Bathrooms

Date: 5/6/85 Submitted By: Jason Turner