



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

PERMIT NO. 24-0175
DATE PAID: 2/22/24
FEE PAID: 20000
RECEIPT #: 20411868

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Ricky & Ruth Hendrix EMAIL: LN Hendrix@yahoo.com

AGENT: N/A TELEPHONE: 352-362-3883

MAILING ADDRESS: 3611 Saddle Brook Ln. St. Aug, FL 32084

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: 20 BLOCK: _____ SUBDIVISION: SunView Estates PLATTED: Plat BK 7 P 9 103-105

PROPERTY ID #: 03745-220 ZONING: ESA-2 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 1399 SW SunView St., Ft White FL 32038

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

[] RESIDENTIAL [] COMMERCIAL

Unit No. Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table I, Chapter 62-6, FAC

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	Mobile Home	3	1280 sq Ft	ORIGINAL ATTACHED <u>22-2598</u>
2				
3				
4				

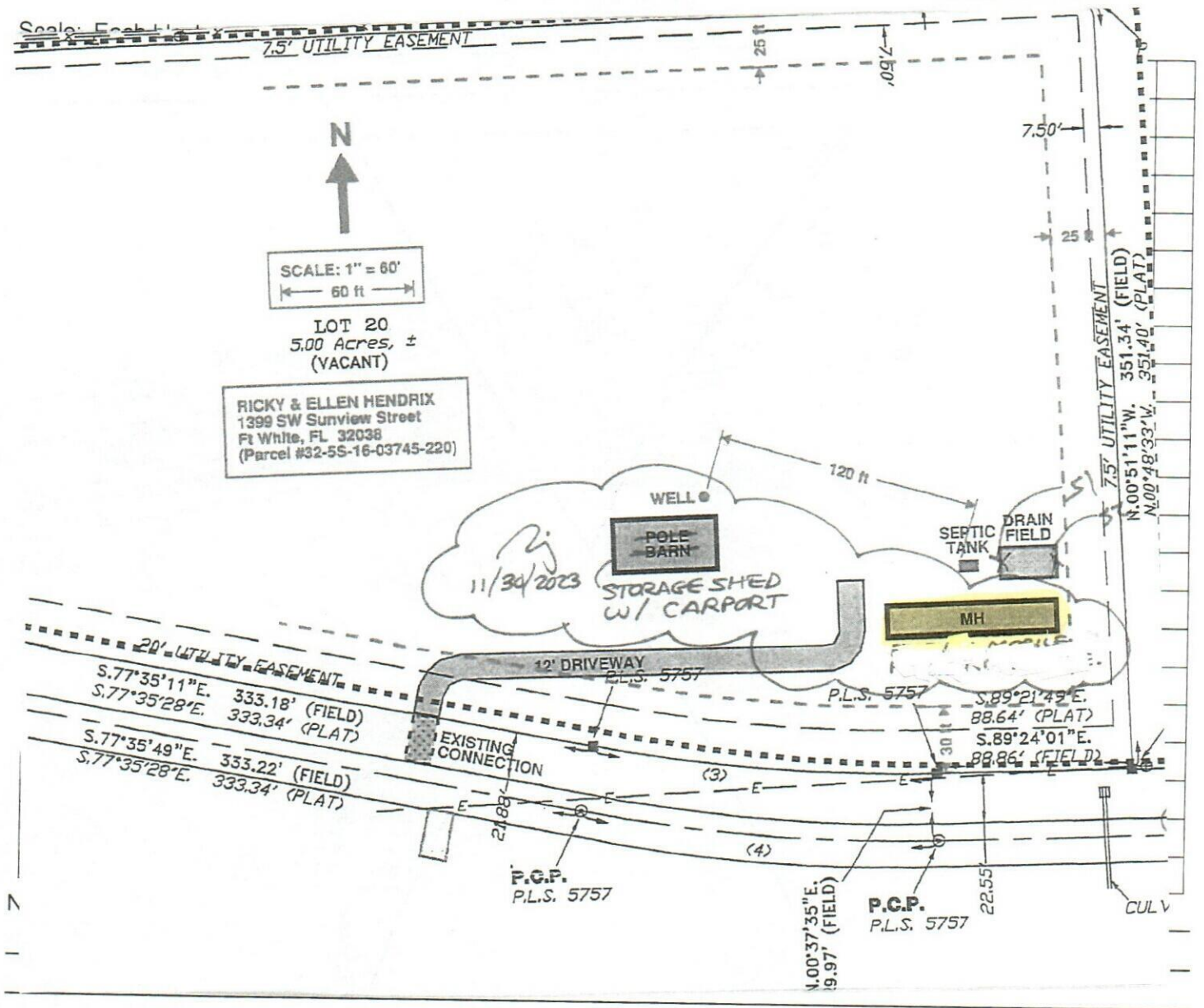
[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Ruth Ellen Hendrix DATE: 2/22/24

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0175

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



Site Plan submitted by: Ruth Ellen Hendrix 2-22-24

Plan Approved Not Approved

By [Signature] Date 2/26/24

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT