



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

PERMIT NO. 24-0171
 DATE PAID: 2/24/21
 FEE PAID: 310.88
 RECEIPT #: 1692919

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Laura Slone and Robert McFarlin

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, 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: 35-36 BLOCK: U1 SUB: Cedar Spring Shores U1 PLATTED: _____

PROPERTY ID #: 18-7S-16-04236-016 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.1 ACRES WATER SUPPLY: [PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 296 Bluff Dr, Fort White, Fl

DIRECTIONS TO PROPERTY: Head W. on NE Franklin St, TL onto NW main Blvd, slight right onto FL-47S, TR onto Hollinsworth St, TR onto SW Bluff Drive, prop. on the left.

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>Office</u>	<u>0</u>	<u>720</u>	
2				
3				

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

SIGNATURE: William D. Bishop II

DATE: 1/22/2021

STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 21-0171

Swan & McFarlin (Sammy Keen)

PART II - SITEPLAN

Scale: 1 inch = 40 feet.
60

*All attached
on survey*

APPROVED

Notes: _____

Site Plan submitted by: William D. Bishop II

MASTER CONTRACTOR

Plan Approved Not Approved _____

Date 1-22-21

By [Signature] [Signature]

County Health Department

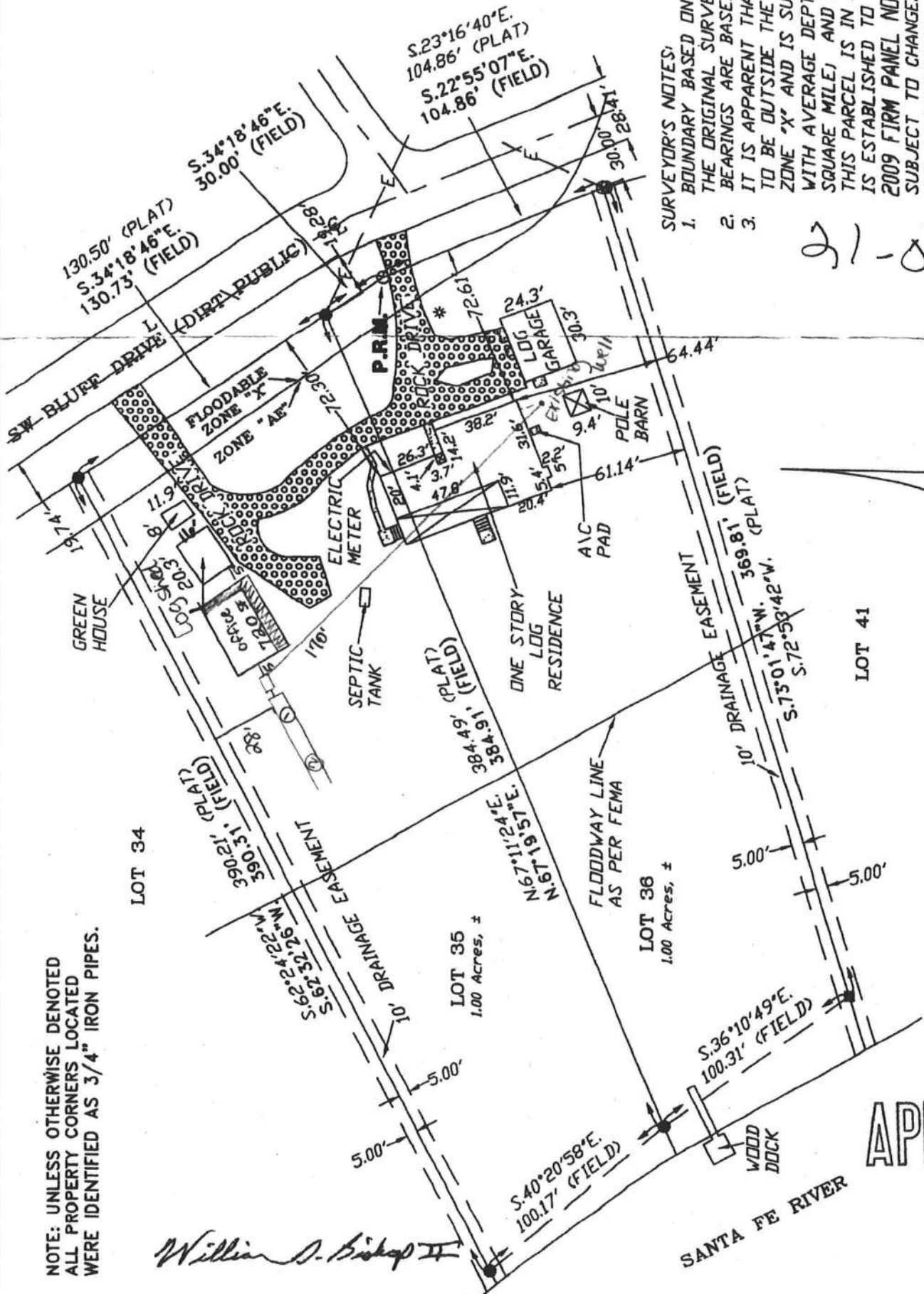
2/24/21

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

BOUNDARY RANGE 16

Y	4"x4" CI
N	4"x4" CI
	IRON PII
	IRON PII
	*"X" CUT
	CALCULA
	MAIL & I
	POWER I
	WATER M
	UTILITY
	WELL
	SANITARY
	SIGN PDL

DESCRIPTION LOT(S) 35 & PLAT THERE PUBLIC RECI



NOTE: UNLESS OTHERWISE DENOTED ALL PROPERTY CORNERS LOCATED WERE IDENTIFIED AS 3/4" IRON PIPES.

William D. Bishop II

SURVEYOR'S NOTES:

1. BOUNDARY BASED ON MONUMENTATION THE ORIGINAL SURVEY FOR SAID PLAT BEARINGS ARE BASED ON SID PLAT
2. IT IS APPARENT THAT A PORTION OF ZONE "X" AND IS SUBJECT TO AREA TO BE OUTSIDE THE 500 YEAR FLOOD WITH AVERAGE DEPTHS OF LESS THAN SQUARE MILE) AND AREAS PROTECTED THIS PARCEL IS IN ZONE "AE" AND IS ESTABLISHED TO BE 35.3 FEET.
3. 2009 FIRM PANEL NO. 12023C0526G, SUBJECT TO CHANGE.
4. THE IMPROVEMENTS, IF ANY, INDICATED DATE OF FIELD SURVEY AS SHOWN IF THEY EXIST, NO UNDERGROUND E
5. THIS SURVEY EXCEPT AS SHOWN HEREIN THIS SURVEY WAS COMPLETED WITH POLICY.
6. DIMENSIONS SHOWN HEREON ARE IN THIS SURVEY DOES NOT REFLECT 0
- 7.
- 8.

21-0171

SCALE: 1" = 60'

APPROVED