

SS 0 068409243



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

PERMIT NO. 26-0240  
DATE PAID: 3/9/26  
FEE PAID: \$425.00  
RECEIPT #: 2293938

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Gerald Rogers      EMAIL: geraldrogers@gmail.com

AGENT: \_\_\_\_\_      TELEPHONE: 386-361-1814

MAILING ADDRESS: 787 SW Heron Dr 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: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 06-75-17-09925-127 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 10.57 ACRES WATER SUPPLY:  PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 787 SW Heron Dr Fort 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
1	<u>New Home</u>	<u>2</u>	<u>800</u>	
2				
3				
4				

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

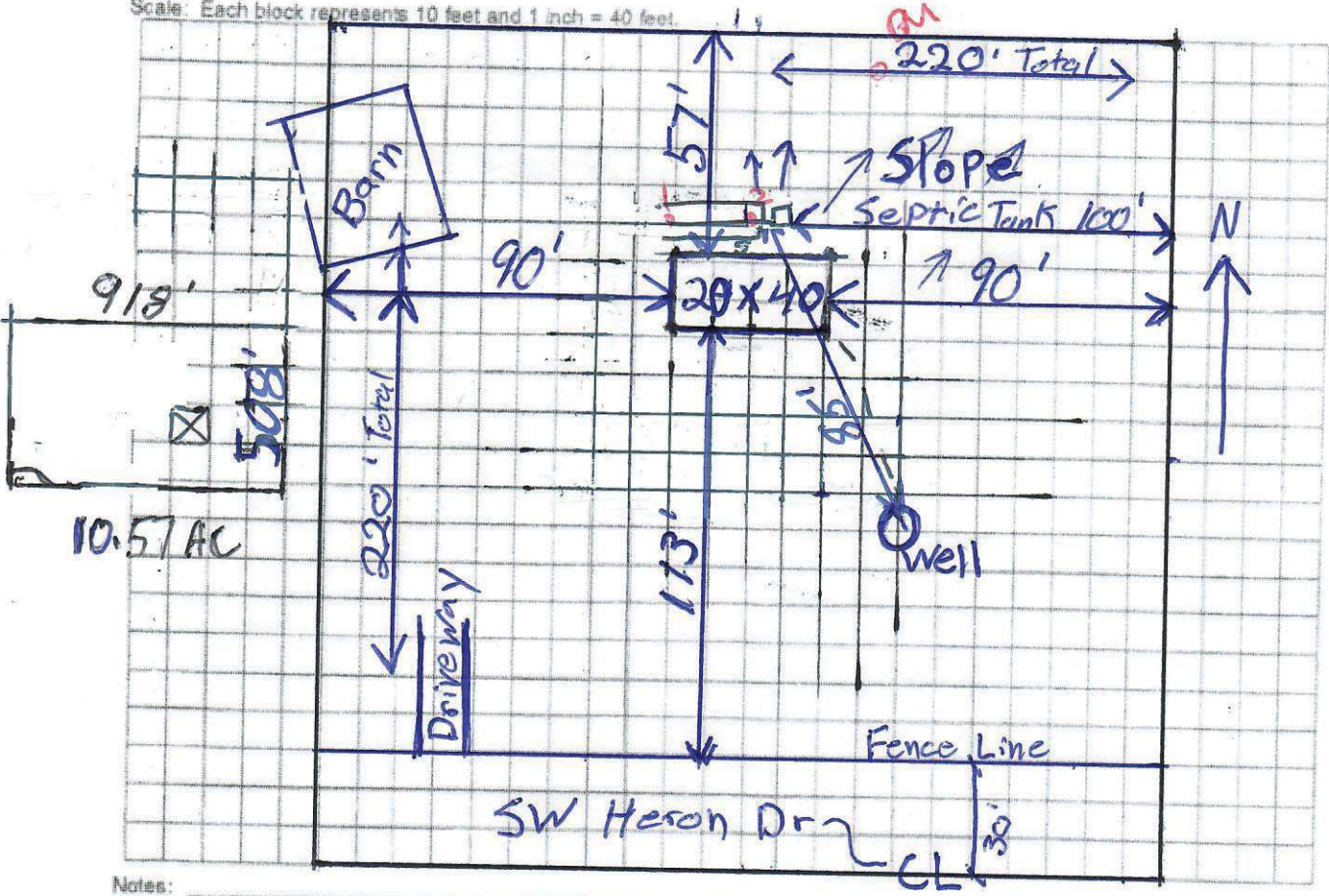
SIGNATURE: Gerald Rogers      DATE: 3-9-26

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PART II - SITEPLAN

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



Notes: 1 AC OF 10.5

Site Plan submitted by Gerald Rogers Date 3-9-26

Plan Approved  Not Approved  By [Signature] Date 3/13/26  
 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT