



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

PERMIT NO: 20-0588  
DATE PAID: 7/28/20  
FEE PAID: 600.00  
RECEIPT #: 152,8194

APPLICATION FOR:

- New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary

APPLICANT: Diane Renwick 6/63

AGENT: \_\_\_\_\_ TELEPHONE: 863-307-6666

MAILING ADDRESS: 185 SW Central Ft White FL 32937  
137 Bucktraw Davenport FL 34717

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: 1, 2 BLOCK: \_\_\_\_\_ SUBDIVISION: 3 Rivers Ft White W19 FL PLATTED: \_\_\_\_\_

PROPERTY ID #: 00-00-00-01159-001 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT:  Y  N

PROPERTY SIZE: 1.53 ACRES WATER SUPPLY:  PRIVATE PUBLIC  <=2000GPD  >2000GPD

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

PROPERTY ADDRESS: 185 SW Central Ft White

DIRECTIONS TO PROPERTY: \_\_\_\_\_ FL 32937

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>shed</u>	<u>0</u>	<u>240</u>	ORIGINAL ATTACHED
2	<u>Travel Trailer</u>	<u>2</u>	<u>260</u>	
3				
4				

RECEIVED  
JUL 27 2020  
By EH

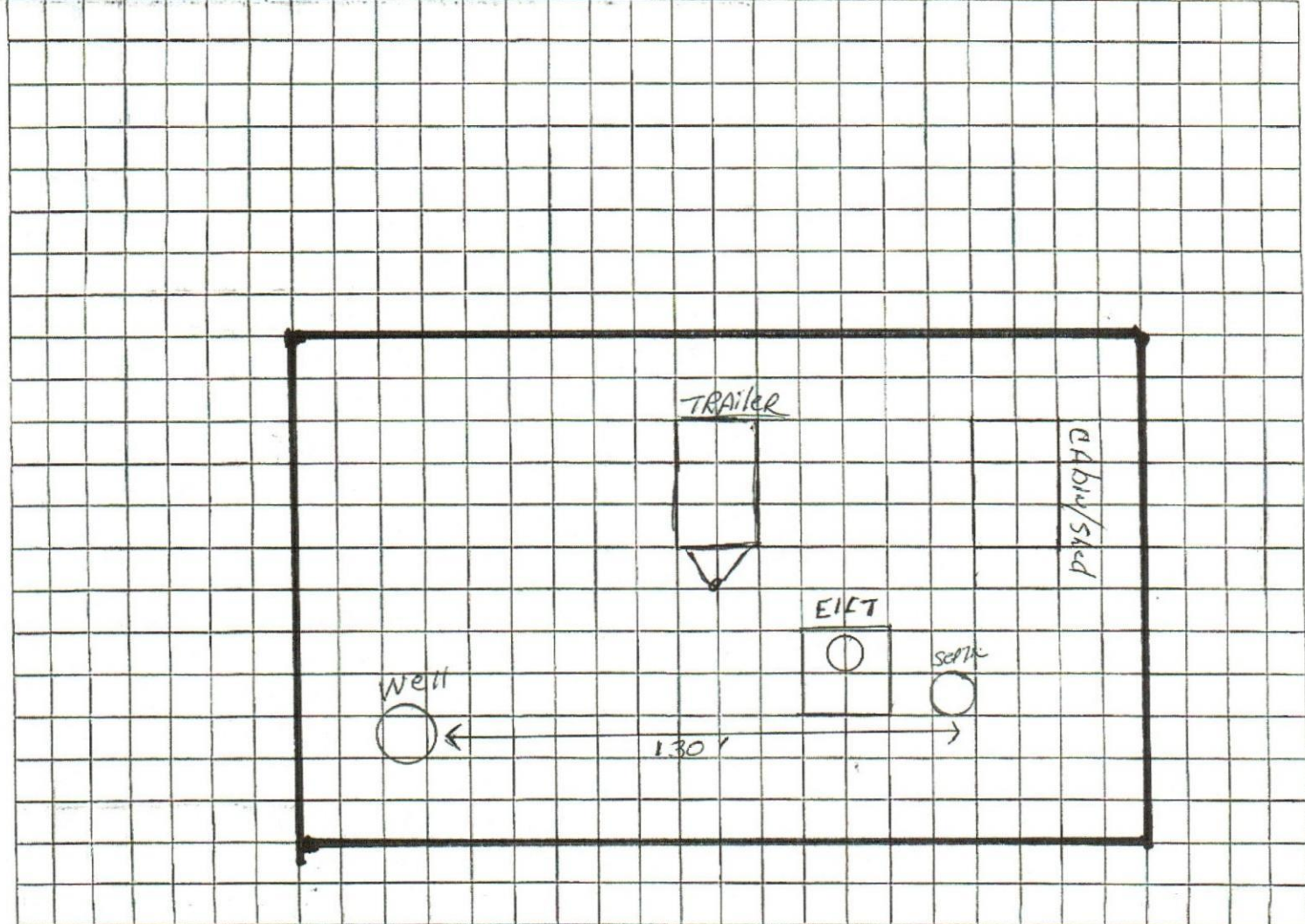
Floor/Equipment Drains  Other (Specify) \_\_\_\_\_  
SIGNATURE: Diane Renwick DATE: 6-12-20

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0588

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

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



Notes: RECONNECT EXISTING POWER SERVICE.  
CLAY Elect Permit 21156

Site Plan submitted by: John Comly-Heritage Mechanical TITLE Contractor DATE: 7-17-20  
 Plan Approved  Not Approved  Date 7/28/20  
 By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT