



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

PERMIT NO. 20-0768  
 DATE PAID: 9/22/20  
 FEE PAID: 160.80  
 RECEIPT #: 1529859

APPLICATION FOR:

- New System       Existing System       Holding Tank       Innovative  
 Repair             Abandonment             Temporary

APPLICANT: WILLIAM A. FISHER JR

AGENT: \_\_\_\_\_ TELEPHONE: 727 741 9902

MAILING ADDRESS: 1615 COBBLE COURT PALM HARBOR FL 34683

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: 2 BLOCK: NA SUBDIVISION: TURKEY HAVEN PLATTED: \_\_\_\_\_

PROPERTY ID #: 29-5S-16-03737-102 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT:  Y /  N

PROPERTY SIZE: 10.13 ACRES WATER SUPPLY:  PRIVATE PUBLIC  <=2000GPD  >2000GPD

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

PROPERTY ADDRESS: 3884 SW WATSON STREET FT WHITE FL 32038

DIRECTIONS TO PROPERTY: TRAVEL WEST ON U.S. HWY 90. TURN SOUTH ONTO I75 SOUTH. TRAVEL SOUTH TO S.R. 47 AND TURN RIGHT. TRAVEL SOUTH ON S.R. 47 TO SW WATSON STREET. TRAVEL WEST ON SW WATSON ST TO 3884 SW WATSON STREET ON THE LEFT SIDE OF ROAD.

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>RESIDENTIAL MH</u>	<u>2</u>	<u>1232</u>	
2				
3				
4				

9/22/20

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

SIGNATURE: [Signature] DATE: 09/10/2020

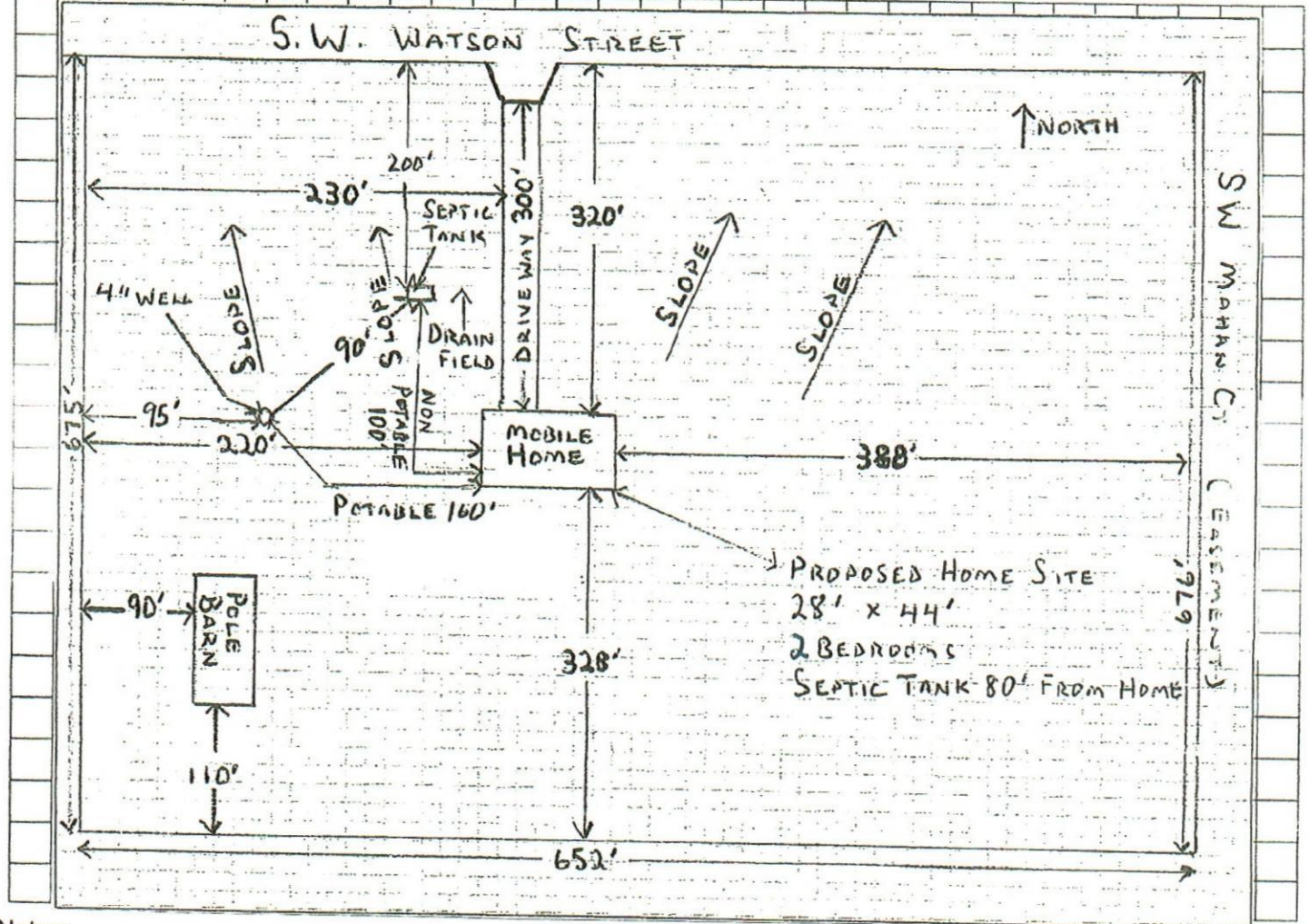


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----- PART II - SITEPLAN -----

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



Notes: 10 AC OF 10 AC

Site Plan submitted by: William A. Fisher Jr Agent Owner:  Date: 09/16/2020  
 Plan Approved [Signature] Not Approved \_\_\_\_\_ Date 9.23.20  
 By [Signature] Env Health Director COLUMBIA County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**