



E-MAILED

2/11/20

510



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

PERMIT NO. 2D-2121
DATE PAID: 2/14/20
FEE PAID: 20.00
RECEIPT #: 1468029

APPLICATION FOR:

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

APPLICANT: Shannon R. Deese

AGENT: _____ TELEPHONE: 760 514 8403

MAILING ADDRESS: 332^{SW} Polaris Ter. 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

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 13-02-16-04203-007 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 332^{SW} Polaris Ter. Fort White FL 32038

DIRECTIONS TO PROPERTY: 441 S to E-278 TR. Follow to US 27, TL.
TR onto Skidok Rd. Go 1 mile to Polaris Ter. TL 3/10 mile
on Right.

BUILDING INFORMATION

[X] 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>SF Home</u>	<u>2</u>	<u>1100</u>	<u>3 people</u>
2				
3				
4				

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

SIGNATURE: [Signature] DATE: 14/Feb/2020

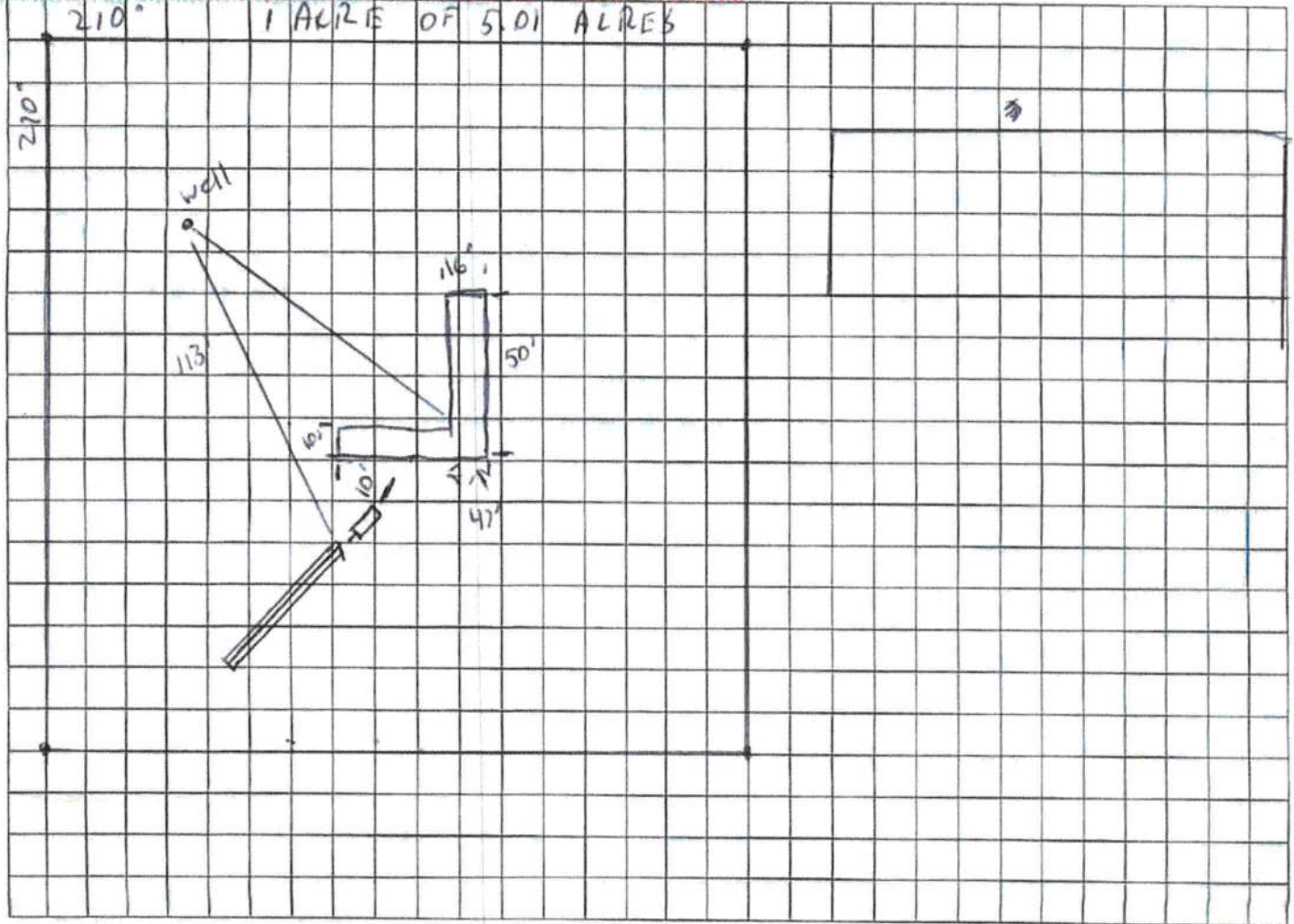
STATE OF FLORIDA
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Permit Application Number 20-0121

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

Scale 1" = 50'

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



Notes: _____

Site Plan submitted by: Shannon R Deese TITLE _____ DATE: 2/14/20

Plan Approved ☒ Not Approved _____ Date _____

By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT