



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

22.0670
PERMIT NO. _____
DATE PAID: 0.2.22
FEE PAID: 60.00
RECEIPT #: AP 1871934

APPLICATION FOR:

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

APPLICANT: Elizabeth Bell

AGENT: Steve Cronin TELEPHONE: 3869650066

MAILING ADDRESS: 259 SW Paisley Court Fort White, FL 32038

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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.

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PROPERTY INFORMATION

LOT: 23 BLOCK: / SUBDIVISION: Fort White Park PLATTED: _____

PROPERTY ID #: 34-6S-16-04060-122 ZONING: R I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10.02 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [X] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 259 SW Paisley Court Fort White, FL 32038

DIRECTIONS TO PROPERTY: _____

SO on Hwy 47 to US 27 go L east to Paisley (L) last house on the left

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>House</u>	<u>3</u>	<u>2,448</u>	
2	<u>Swimming Pool</u>			<u>4,600 Gallons 168 sq ft</u>
3				
4				

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

SIGNATURE: [Signature] DATE: 07-08-22

22-0670

APPROVED
Sally Ford
EH Director

7/08/22

