



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

PERMIT NO. 22-0395
DATE PAID: 5/2/22
FEE PAID: 30.00
RECEIPT #: 183222

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Chris & Courtney SenterAGENT: Ronnie MooreTELEPHONE: 352-246-3997MAILING ADDRESS: PO Box 158 Ft 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: 18 BLOCK: _____ SUBDIVISION: Bluebird Landing (31-7S-17E) PLATTED: 2002PROPERTY ID #: 31-7S-17-10070-118 ZONING: SF I/M OR EQUIVALENT: [Y / (N)]PROPERTY SIZE: 10.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ [Y / (N)] DISTANCE TO SEWER: N/A FTPROPERTY ADDRESS: SW Bluebird Ct Ft White Fl 32038

DIRECTIONS TO PROPERTY: 47 to Ft White turn left on 27 follow to SW CR 138 turn right to Woodlawn Ave turn left to Fox Squirrel PL turn right to Bluebird Ct go straight on lot.

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	single family	3	2113	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Ronnie MooreDATE: 04/27/22

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

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

See Attached

Notes: _____

Site Plan submitted by: [Signature]

M. S. T. C.

Plan Approved [Signature]

Not Approved _____

Date 5/6/22

By [Signature] **Columbia CHD**

County Health Department

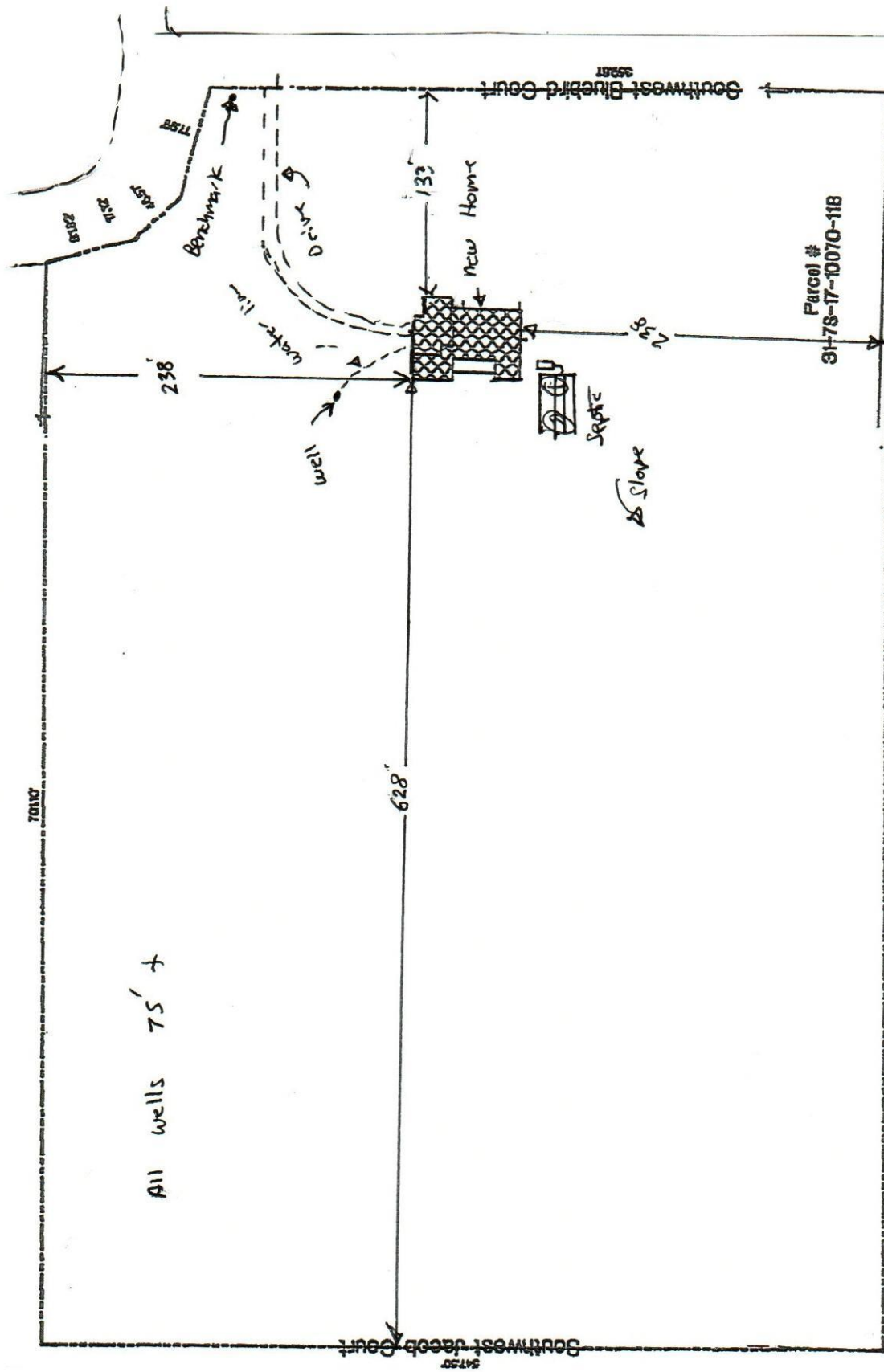
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Permit #

Property ID# 21-78-17-10070-118

Scale 1 inch = 100 feet



M.S.T.C.

Site Plan submitted by Ron Moore

Plan Approved _____ Not Approved _____

Date _____

By _____ County Health Department

22-0395

