

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

PERMIT NO. 21.0880
DATE PAID: 310.05121
RECEIPT #: 175907

APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []					
APPLICANT: Bullard -Denune Investment Co.					
AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311					
MAILING ADDRESS: 546 SW Dortch Street, 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: 3 BLOCK: NA SUB: Southern Meadows PLATTED:					
PROPERTY ID #: 34-58-16-03752-403 ZONING: I/M OR EQUIVALENT: [Y / N					
PROPERTY SIZE: 4.77 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <= 2000GPD [] > 2000GPD					
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: MAFT					
PROPERTY ADDRESS: 271 SW Baron Glen, Fort White, Fl					
DIRECTIONS TO PROPERTY: The onto NW Main Blud, Slight night onto FL-478, The onto SW Baron Glen.					
BUILDING INFORMATION [\(\forall \) RESIDENTIAL [] COMMERCIAL					
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC					
1 01					
2					
3					
[] Floor/Equipment Drains [] Other (Specify)					
SIGNATURE: DATE: 10/21/2021					

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Bulland-Denune Investment Co.

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC

Scale: 1 inch = 40 feet.

(Stock Number: 5744-002-4015-6)

Permit Application Number__

Page 2 of 4

		Selfe	ched	
Notes:				
	Balena.	2 /1/		
Site Plan submitted by:	William	7. Bishop I		MASTER CONTRACTOR
Plan Approved 1		Not Approved	-///	Date 10-21-21
By			Capartor	County Health Department
ALLCHANG	GES MUST BE AP	PROVED BY THE	COUNTY HEALTH	10/26/2) H DEPARTMENT

