



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

PERMIT NO. 21-0450
DATE PAID: 5/20/21
FEE PAID: 2000
RECEIPT #: 1264923

APPLICATION FOR:

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

APPLICANT: Monroe, Marci

AGENT:

TELEPHONE: 352-870-0706

MAILING ADDRESS: 1768 SW Shiloh Street, 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 #: 14-75-16-04226-213 ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.06 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 1768 SW Shiloh St., Fort White, FL 32038

DIRECTIONS TO PROPERTY: Off US 27 turn off Shiloh follow Shiloh to 1768 turn 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

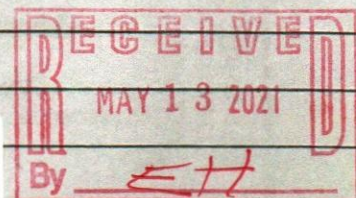
1 Pole Barn 0 16X36 576

2 Pole Barn 0 30X30 900

3

4

ORIGINAL ATTACHED



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

SIGNATURE: [Signature]

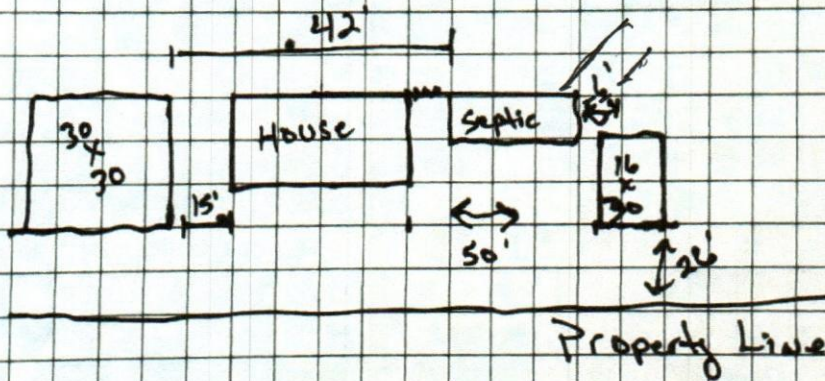
DATE: 5/15/2021

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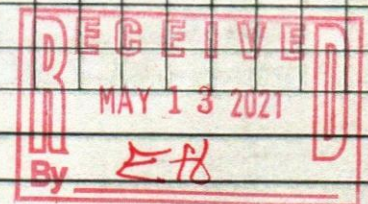
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----- PART II - SITEPLAN -----

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



Notes: _____



Site Plan submitted by: [Signature]

Agent: _____

Owner: X

Date: 5/7/2021

Plan Approved X

Not Approved _____

Date 5/20/21

By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT