



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

PERMIT NO. 21-0541
DATE PAID: 6/14/21
FEE PAID: 40.00
RECEIPT #: 1680695

APPLICATION FOR:

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

APPLICANT: Nancy Shultz

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: 429 SW Walnut Pl 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: 2,3,25 BLOCK: B SUBDIVISION: Spring Hills PLATTED: _____

PROPERTY ID #: 30-55-15-00488-050 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 3.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 429 SW Walnut Pl Fort White FL 32028

DIRECTIONS TO PROPERTY: _____

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	<u>Single Family</u>	<u>3</u>	<u>1965</u>	<u>(Home is onsite)</u>
2				<u>Pump re-connect</u>
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Nancy Shultz DATE: 6-14-21

RECEIVED
JAN 14 1964
U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C.



TO: Mr. J. B. ...

FROM: Mr. ...

SUBJECT: ...

RE: ...

(Signature)

Date

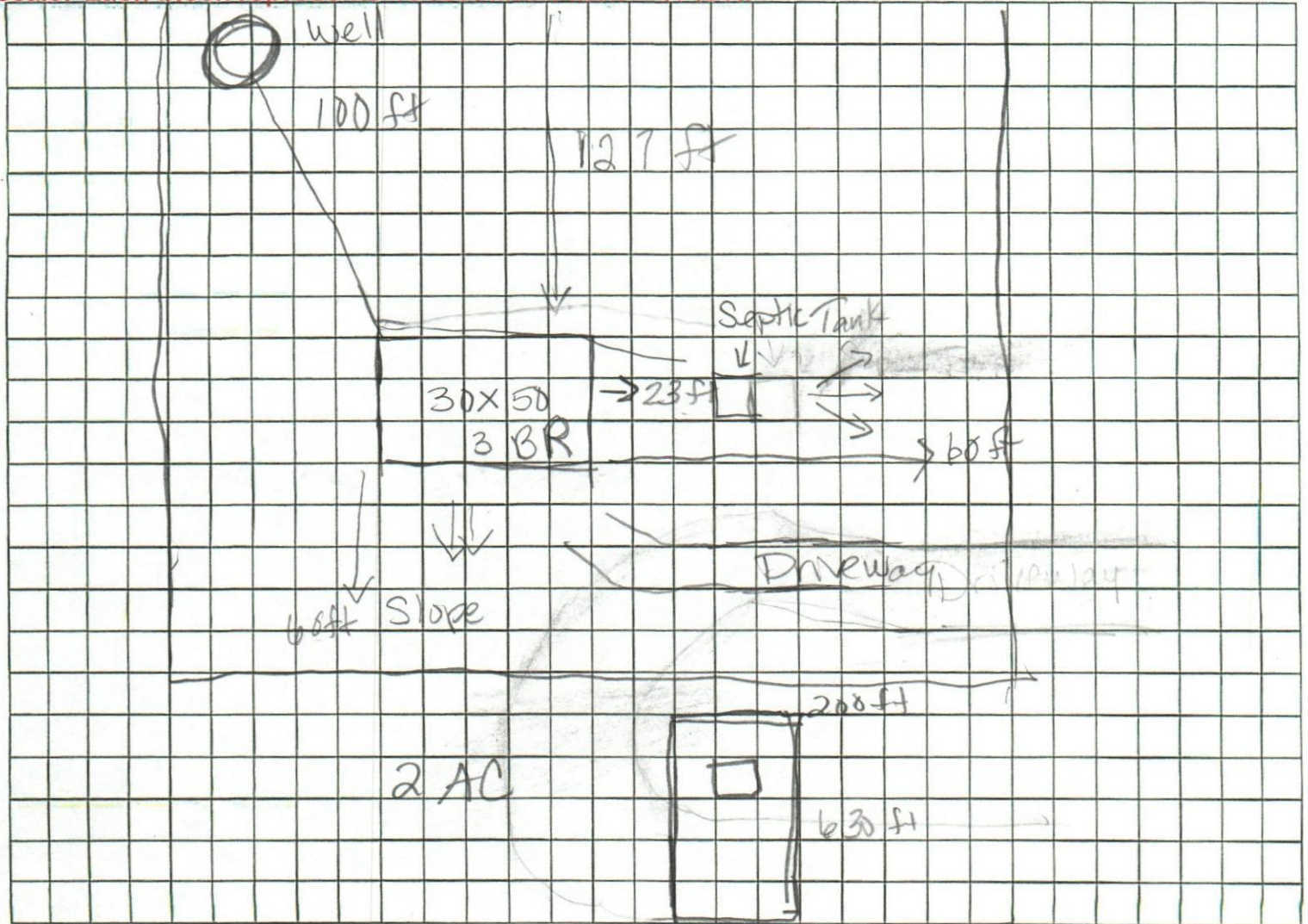
Very truly yours,

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-054

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

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



Notes: _____

Site Plan submitted by: Danny Deeks TITLE _____ DATE: _____
Plan Approved X Not Approved _____ Date 6/16/21
By: [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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