



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

PERMIT NO. 14-8587
DATE PAID: 10/2/14
FEE PAID: 130.00
RECEIPT #: 1162428

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: GSGC Leasing LLC

Milton Smith 984 0798

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: 3,4,5 BLOCK: D SUB: Hollingsworth Estates PLATTED: 1988

PROPERTY ID #: 34-6S-16-04059-253/254/255 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.59 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: 6873 SW US Hwy 27, Fort White, FL, 32038

DIRECTIONS TO PROPERTY: 47 South, TL on SR 27, 8/10th miles on left

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	Assist Living Fac			35 Peds @ 150 GPD = 5250 GPD
2				1 Full size toilet @ 50 GPD
3				1-812 @ 150 GPD = 600 GPD
				TOTAL 300 GPD

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: _____

DATE: 8/18/2014

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 14-0507

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

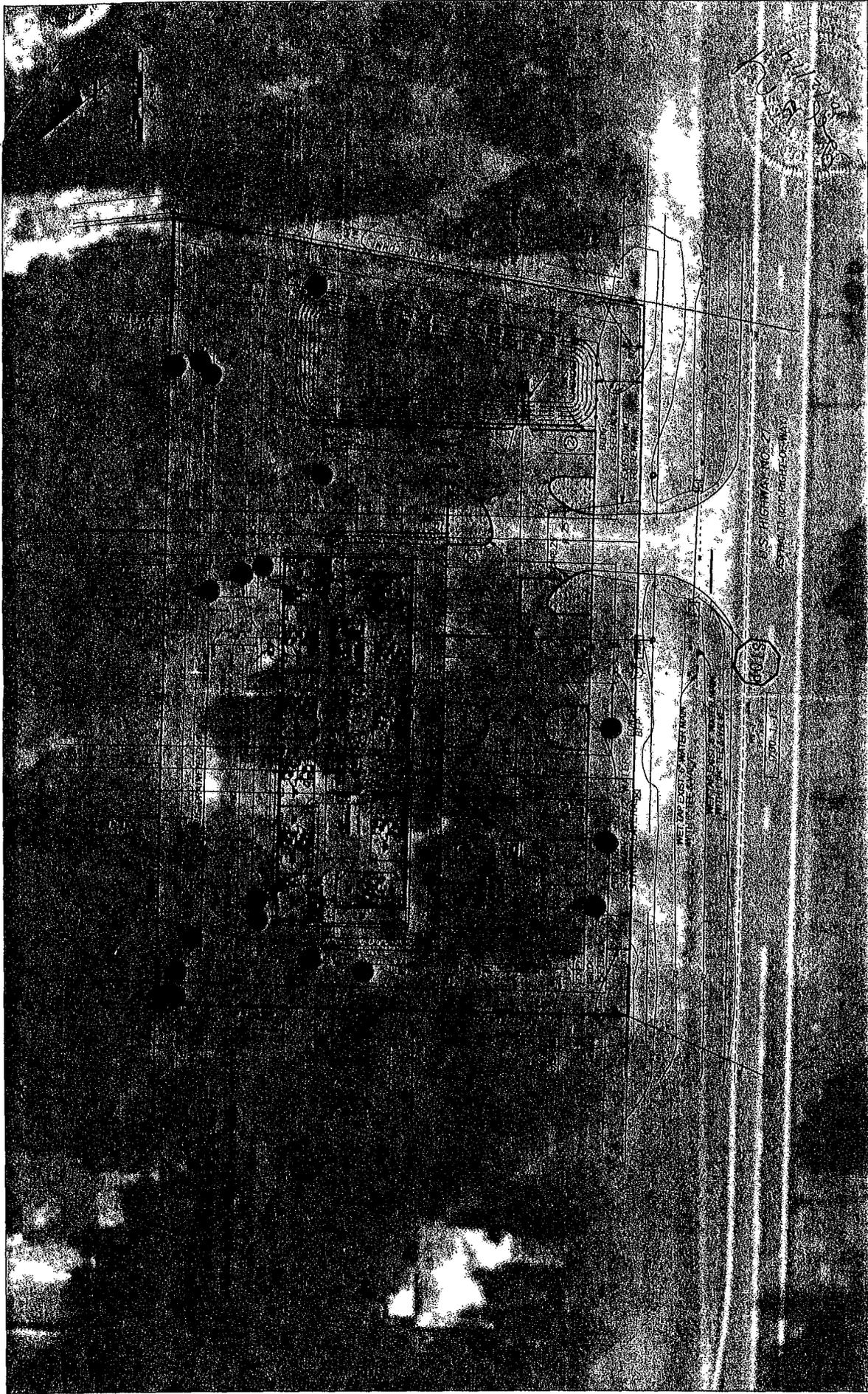
Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes _____

Site Plan submitted by Atton Smith owner - 10-10-14
Plan Approved Not Approved _____ Date 10/9/14
By Sally Lord Env Health Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



PROPOSED SITE PLAN <small>10/17/2014 7:08:15 PM 1:2014-1400285M1-CADD SITE PLAN FOR THE PAGE 2 OF 4</small>		SHEET NO 4
ASSISTED LIVING FACILITY		PROJECT ID NUMBER 1400285M1
DATE 08/2014	COUNTY COLUMBIA	PERM. NO. 1447
NORTH FLORIDA PROFESSIONAL SERVICES, INC. <small>P.O. BOX 1303 LAKE CITY, FL 32025 TEL: (407) 852-1111 FAX: (407) 852-1111 ENG. LIC. 20911</small>		
		
REVISIONS		
DATE ###	DESCRIPTION ###	DESCRIPTION ###