

FW



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM (OSTDS)

PERMIT NO: 22-0739  
DATE PAID: 8/31/22  
FEE PAID: 310.00  
RECEIPT #: 1878009

## APPLICATION FOR CONSTRUCTION PERMIT

## APPLICATION FOR:

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

APPLICANT: David & Lynn HopeEMAIL: 3hopefamily@gmail.comAGENT: 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

OSTDS REMEDIATION PLAN? [ Y / (N) ]

LOT: 2 BLOCK: \_\_\_\_\_ SUBDIVISION: Cook Est PLATTED: 1987

PROPERTY ID #: 35-6S-16-04068-102 ZONING: SF I/M OR EQUIVALENT: [ Y / (N) ]

PROPERTY SIZE: 10.37 ACRES WATER SUPPLY: [ ☒ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / (N) ]

DISTANCE TO SEWER: N/A FTPROPERTY ADDRESS: 940 SW Cook St Ft White Fl 32038DIRECTIONS TO PROPERTY: 441 south to 47 turn right to SW Cook St turn left to # 940 on right.

## BUILDING INFORMATION

[ ☒ ] RESIDENTIAL

[ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>single family</u>	<u>3</u>	<u>1974</u>	
2				
3				
4				

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

SIGNATURE: Ronnie MooreDATE: 08/30/22

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

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Permit Application Number 22-0739

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

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

See Attached

Notes: \_\_\_\_\_

Site Plan submitted by: Ron Mann M. S. T. C

Plan Approved [Signature] Not Approved \_\_\_\_\_ Date 9/8/22

By [Signature] [Signature] County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

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Incorporated: 62-6.004, F.A.C.



