



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

PERMIT NO. 20-0490  
DATE PAID: 4/23/20  
FEE PAID: 400.00  
RECEIPT #: 1511448

APPLICATION FOR:

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

APPLICANT: HOWARD A TEETOR III

AGENT: PROPERTY, PROPERTY OWNER

TELEPHONE: 607-242-4266

MAILING ADDRESS: 637 SW SHILOH ST 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: N/A PLATTED: \_\_\_\_\_  
04208-000 (See Legal)

PROPERTY ID #: 13-75-16-04208-000 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 5.00 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000\text{GPD}$  ☐  $> 2000\text{GPD}$

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

PROPERTY ADDRESS: 637 SW SHILOH ST FORT WHITE FL 32038

DIRECTIONS TO PROPERTY: I-75 TO EXIT 399, STATE RT 441 NORTH TOWARD HIGH SPRINGS TURN LEFT FOLLOWING RT 27 THROUGH HIGH SPRINGS APPROX. 3 MILES PAST RIVER TURN LEFT ONTO SHILOH ST. #637 WORTH CO. FL

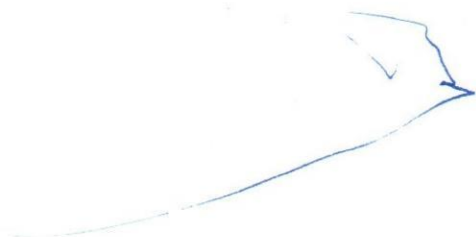
BUILDING INFORMATION

☒ 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>1-BR 1-BATH SINGLE</u>	<u>1</u>	<u>600</u>	
2	<u>FAMILY BUILDING</u>			<u>ORIGINAL ATTACHED</u>
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature] DATE: 6-19-20



2000 2001 2002 2003 2004

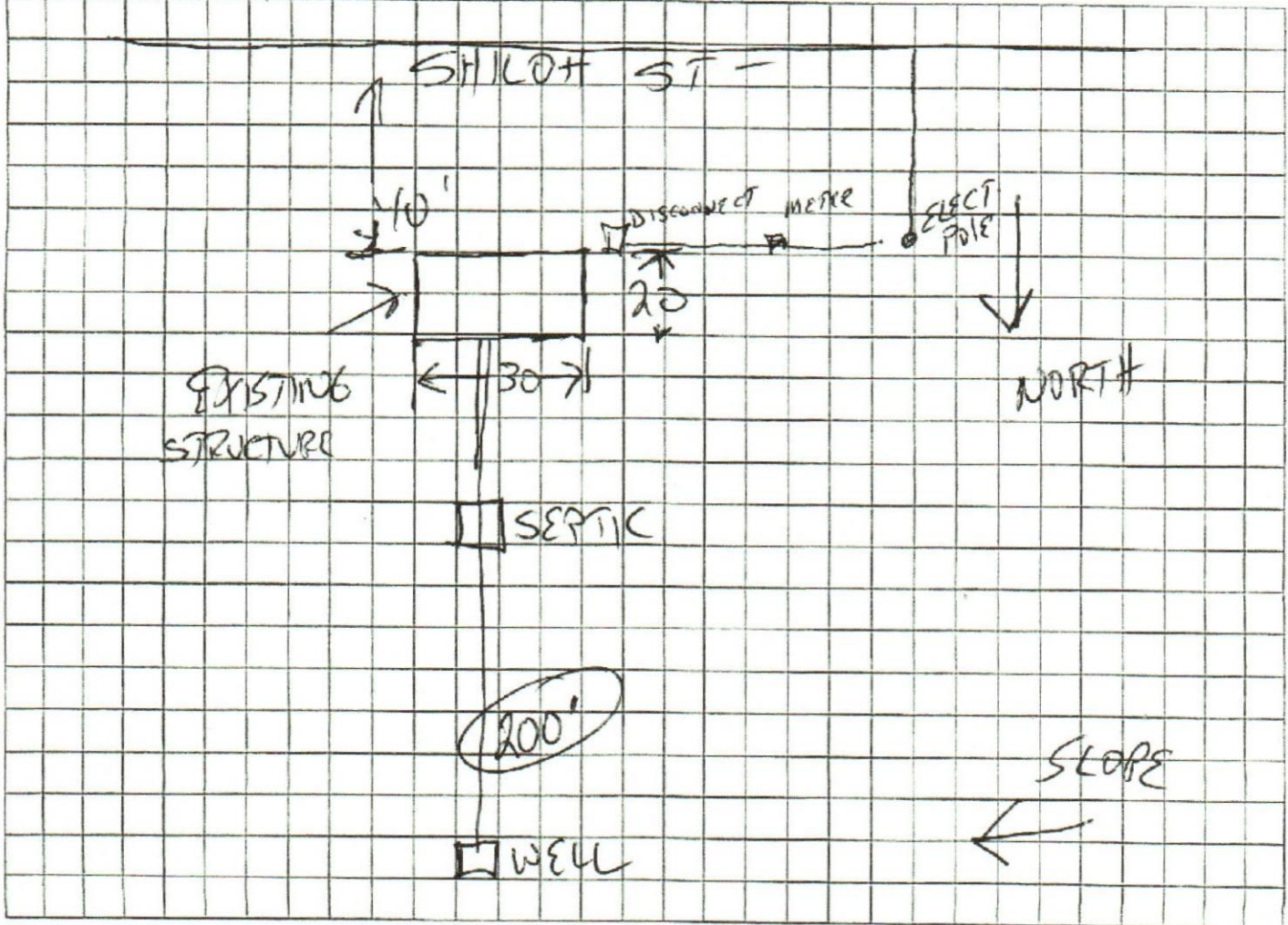


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Permit Application Number 20-0490

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

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



Notes: ALL EXISTING JUST TURNING  
ON ELECTRICAL SERVICE  
PLEASE

Site Plan submitted by: H. J. A. J. III TITLE OWNER DATE: 6-22-20  
Plan Approved X Not Approved \_\_\_\_\_ Date 6/26/20  
By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

