

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

PERMIT NO DATE PAID:
FEE PAID:
RECEIPT #: 1 2 2 3 4 5

APPLICATION FOR: [X] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Michael Jimenez
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.
LOT: 31 BLOCK: NA SUB: Cardinal Farms PLATTED:
PROPERTY ID #: 11-6S-16-03815-131 ZONING: I/M OR EQUIVALENT: [Y / N
PROPERTY SIZE: 10.05 ACRES WATER SUPPLY: [\(\)] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /N] DISTANCE TO SEWER: NA FT
PROPERTY ADDRESS: 302 Crownhill Ct, Ft White, Fl
DIRECTIONS TO PROPERTY: TL ONTO NW Main BIVD, Slight night or to
FL-478, TL onto SW Herlong St, TR onto SW skyline
Loop, TR onto SW Crownhill Ct
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
SF Residential 3 1912
3
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: William D. Biologo II DATE: 2/5/2021
DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC Page 1 of 4

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STATE OF FLORIDA

APPLICATION FO	DEPARTMENT (RUCTION PERMIT	
		Permit Application N	Number	-0128
Jimenez				
7111101	PART II - SIT	EPLAN	***********	
Scale 1 inch = 40 feet	24 - SIC'			
$\rightarrow N$	5	κ.		
150'				
300				
490'	45		*	
1 acre of 1000	0,00 1,01 S			S. C.
	190' N 3			
Notes	- 1 - a - 1 -	Crimina	(+	
1 00	10 05 10 (2			
Site Plan submitted by	Willie O. Bishop I	_	MASTER CONTRAC	CTOR
Plan Approved	Not Approved	·	Date 2-5-	21
By	A 5.	2 Columbia	County Health De	partment
ALL CHANGES	MUST BE APPROVED BY T	THE COUNTY HEALTH	DEPARTMENT	

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