



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

PERMIT NO. 13-0297  
DATE PAID: 4/24/23  
FEE PAID: 60.00  
RECEIPT #: 1961287

APPLICATION FOR:

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

APPLICANT: M. GARY EVERETT

AGENT: E. D.

TELEPHONE: 813-787-8146

MAILING ADDRESS:

2188 SW FRY AVE FW 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: 27 BLOCK:        SUBDIVISION: SWILAN RIDGE PLATTED:       

PROPERTY ID #: 15-75-16-04226-127 ZONING: AG I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 2188 SW FRY AVE. FT. WHITE, FL

DIRECTIONS TO PROPERTY: SR 47 SOUTH FROM FT. WHITE TO CR 138 EAST  
TO FRY AVENUE TO INTERSECTION WITH CUMBERLAND.

PROPERTY IS SOUTHWEST CORNER.

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>SFD</u>	<u>3</u>	<u>2459</u>	<u>existing</u>
2	<u>GARAGE</u>	<u>0</u>	<u>1500</u>	<u>proposed</u>
3	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
4	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>

☐ Floor/Equipment Drains ☐ Other (Specify)       

SIGNATURE: M. Gary Everett

DATE: 3-04/24/2023

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0297

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

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

See Attached

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

Site Plan submitted by: [Signature]

Plan Approved [Signature] Not Approved \_\_\_\_\_ Date 4/27/23

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

23-0297

