



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

PERMIT NO. 22-0446
DATE PAID: 5/14/22
FEE PAID: 600.00
RECEIPT #: 1835149

APPLICATION FOR:

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

APPLICANT: Steven Macaluso

AGENT: _____ TELEPHONE: 772-473-6188

MAILING ADDRESS: 429 SW Bluff Dr. 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: 16 BLOCK: _____ SUBDIVISION: Cedar Springs Shores PLATTED: _____

PROPERTY ID #: 18-7S-16-04236-006 ZONING: AG-3 I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 1.33 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: 224 SW Longhorn Ter Fort White 32038

DIRECTIONS TO PROPERTY: 47 S. Ron Hollingsworth, R on Bluff Dr
R on Longhorn Terr to Lot 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	Portable Wood Storage Building	2	288	No orig
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Steven C. Macaluso DATE: 5-15-2022

Handwritten text at the top of the page, possibly a header or title.

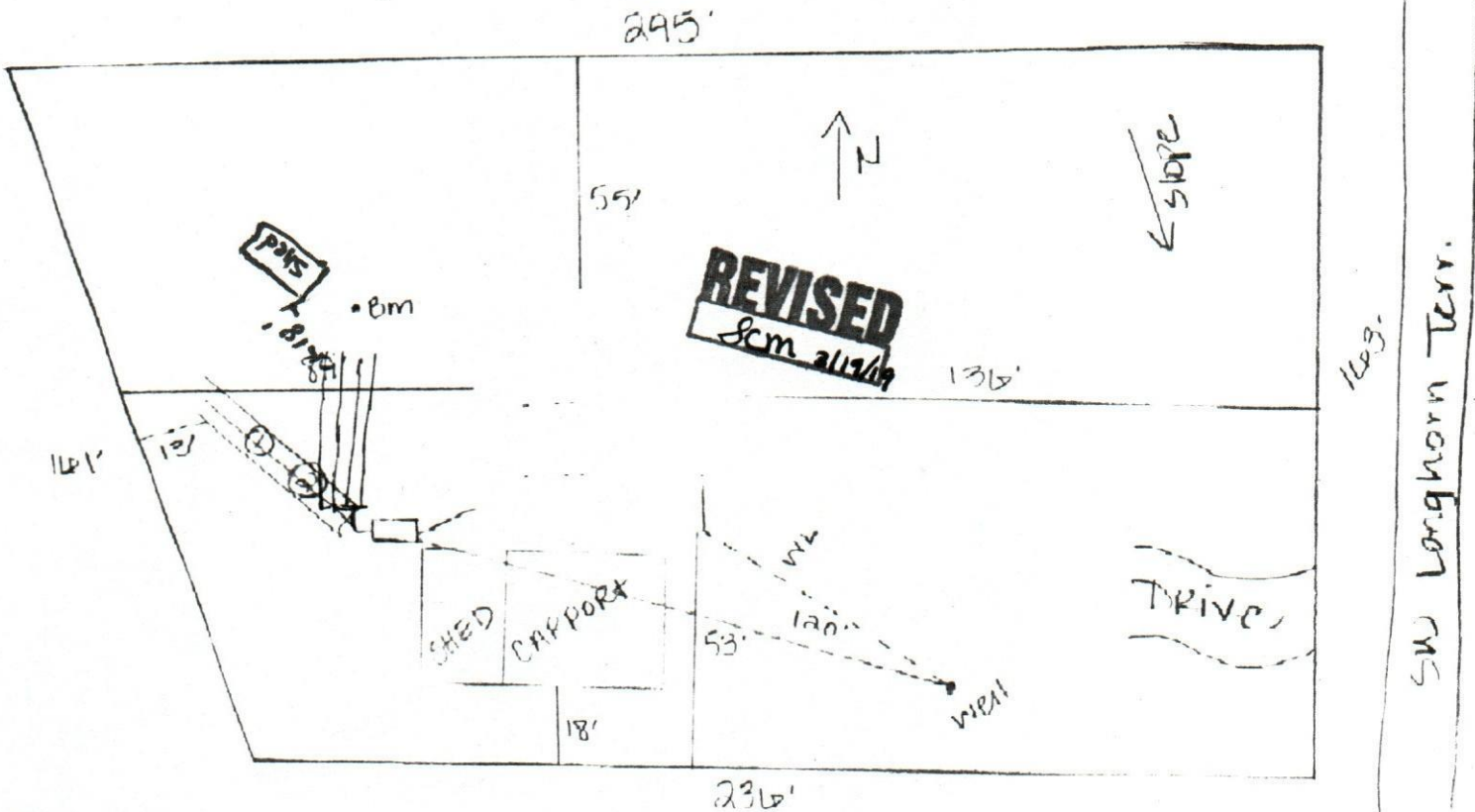
Main body of handwritten text, consisting of several paragraphs.

Handwritten text at the bottom of the page, possibly a footer or signature.

Permit Application Number.

22-0446

Scale: 1 inch = 40 feet.



Notes:

Site Plan submitted by: * Steven C Macaluso Agent: _____ Owner: X Date: 5-15-2022
Plan Approved X Not Approved _____ Date: 5/24/22
By [Signature] _____ COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Handwritten text, possibly a signature or date, located in the lower right area.

Handwritten text, possibly a signature or date, located in the lower left area.