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

PERMIT NO. 22-0580
DATE PAID: 6/24/22
FEE PAID: 60.00
RECEIPT #: 1854110

APPLICATION FOR:
[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Andrew Sherrer andrew.sherrer@hotmail.com

AGENT: _____ TELEPHONE: 386-288-8616

MAILING ADDRESS: 468 SW Burgundy Ln 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: 14+15 BLOCK: _____ SUBDIVISION: Cedar Spring Shores PLATTED: _____

PROPERTY ID #: 18-7S-16-04236-089(43342) ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 3.31 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [(Y) / N] DISTANCE TO SEWER: 160 FT

PROPERTY ADDRESS: 468 SW Burgundy Ln Fort White, FL 32038

DIRECTIONS TO PROPERTY: (From Fort White) South on SR 47, turn right onto Hollingsworth Street, merge right onto SW Bluff drive, turn right after 1 mile onto Burgundy LN. First driveway on the right. (corner lot)

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	Single Family Home	3	2816	(Existing) ORIGINAL ATTACHED
2	Storage Building	—	2100	
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: _____ DATE: 06/23/2022

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

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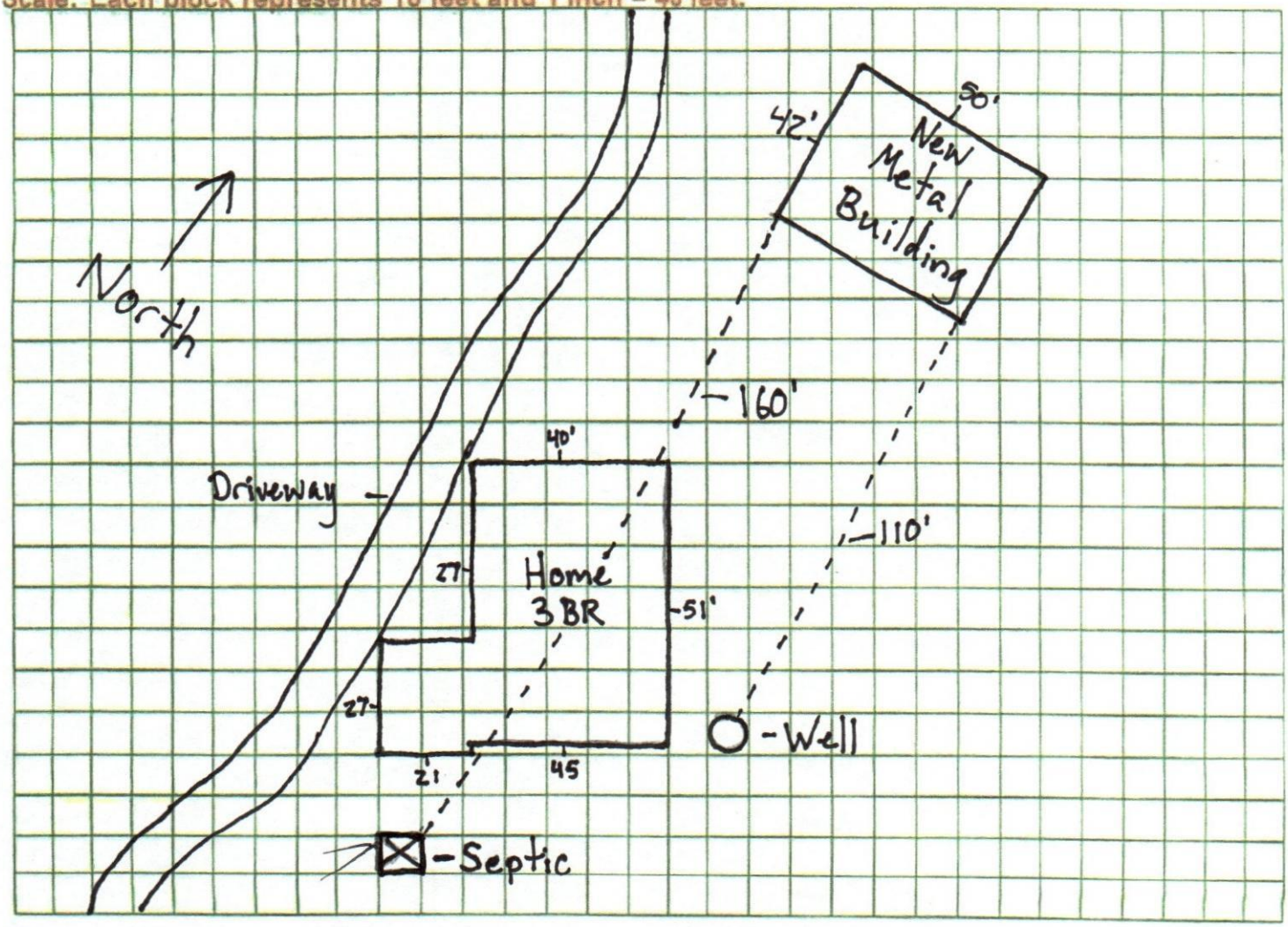
---------- PART II - SITEPLAN ----------

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



Notes: _____

Site Plan submitted by: _____ TITLE _____ DATE: _____

Plan Approved X Not Approved _____ Date 6/28/22

By _____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)