



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

PERMIT NO. 22-0271
DATE PAID: 3/1/22
FEE PAID: 28.20
RECEIPT #: 18741067

APPLICATION FOR:

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

APPLICANT: Dace, Stewart

AGENT: _____ TELEPHONE: 704-564-1551

MAILING ADDRESS: 10500 Sunset Strip Sunrise, FL 33322

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: _____ PLATTED: _____

PROPERTY ID #: 04-7S-17-09888-013 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 6.05 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / ☒ N] DISTANCE TO SEWER: _____ FT

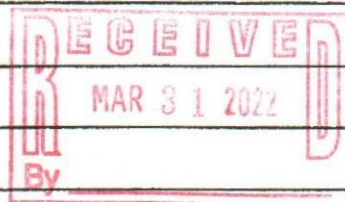
PROPERTY ADDRESS: 328 SW Gulliver Ct High Springs

DIRECTIONS TO PROPERTY: Head North on 441 from High Springs to turn Left (west) onto SE Old Bellamy Rd. Travel 1.4 miles to turn right on Gulliver Ct. Travel 1/2 mile to bottom of hilly driveway rd.

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>Motorhome</u>	<u>1</u>	<u>224</u>	<u>N/A</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____



☐ Floor/Equipment Drains ☒ Other (Specify) Utility Pole, well water

SIGNATURE: Dace Stewart DATE: 3/1/2022

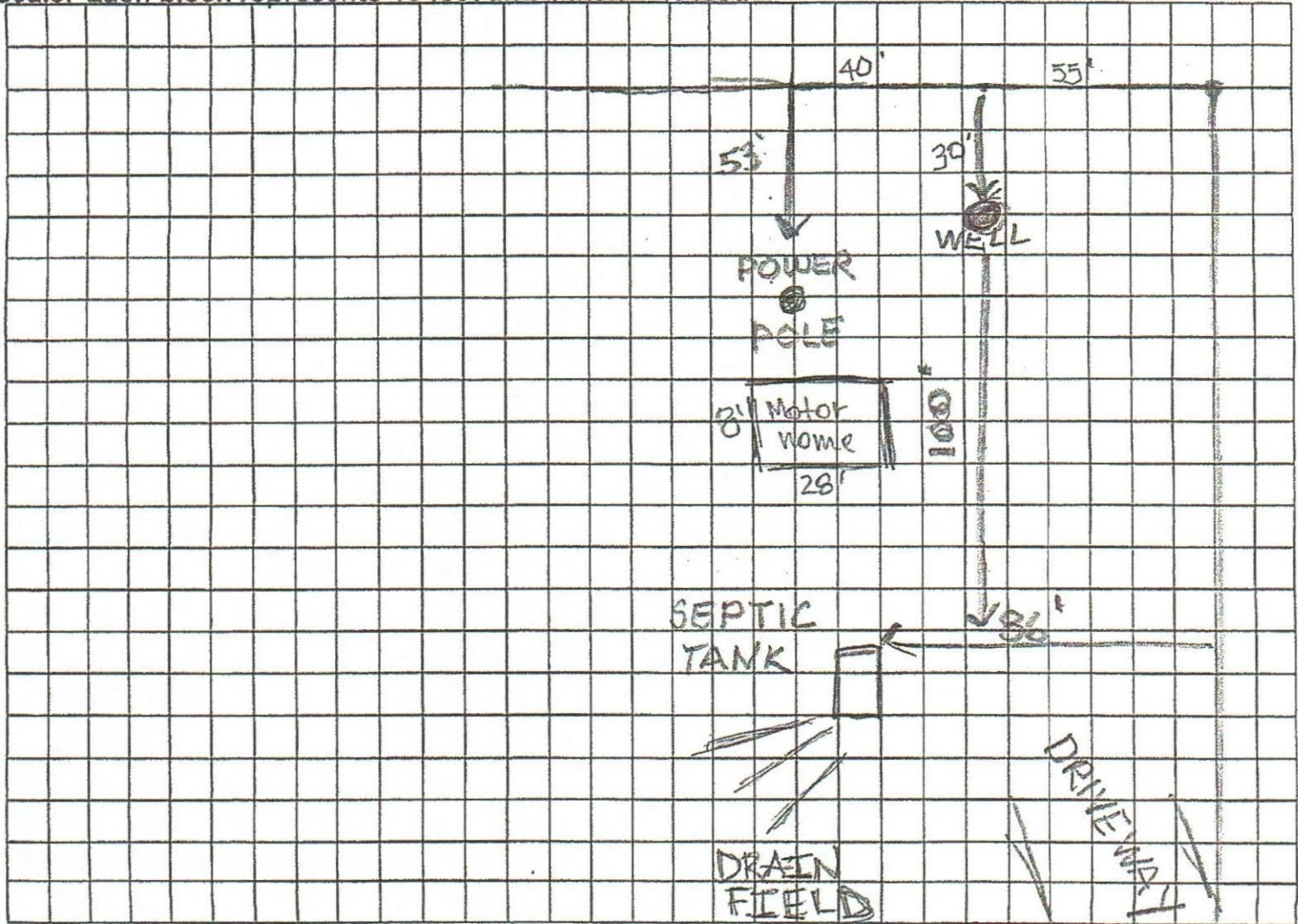
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Permit Application Number

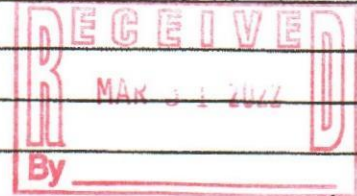
22-0271

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

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



Notes: _____



Site Plan submitted by: Dace Stewart, Owner TITLE _____

DATE: 3/28/22

Plan Approved _____ Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT