



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

PERMIT NO. 21-06046
DATE PAID: 7/23/21
FEE PAID: 600.00
RECEIPT #: 1699736

APPLICATION FOR:

[] New System [☒] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [☒] NEW Barn

APPLICANT: Dena Cribbs

AGENT: _____ TELEPHONE: 386-853-0055
386-454-4226

MAILING ADDRESS: 19498 S. US. HWY 441 High Springs, FL.
32643

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: 3 BLOCK: _____ SUBDIVISION: Pump House PLATTED: _____

PROPERTY ID #: 33-65-17-09834-103 (36324) ZONING: AG I/M OR EQUIVALENT: [Y / ☒ N]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 19498 S. US. HWY 441 High Springs, FL.
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DIRECTIONS TO PROPERTY: Property drive way about 1/4 mile north of
the South entrance to Oleno State Park.

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

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Barn</u>	<u>0</u>	<u>1200</u>	<u>ORIGINAL ATTACHED</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

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

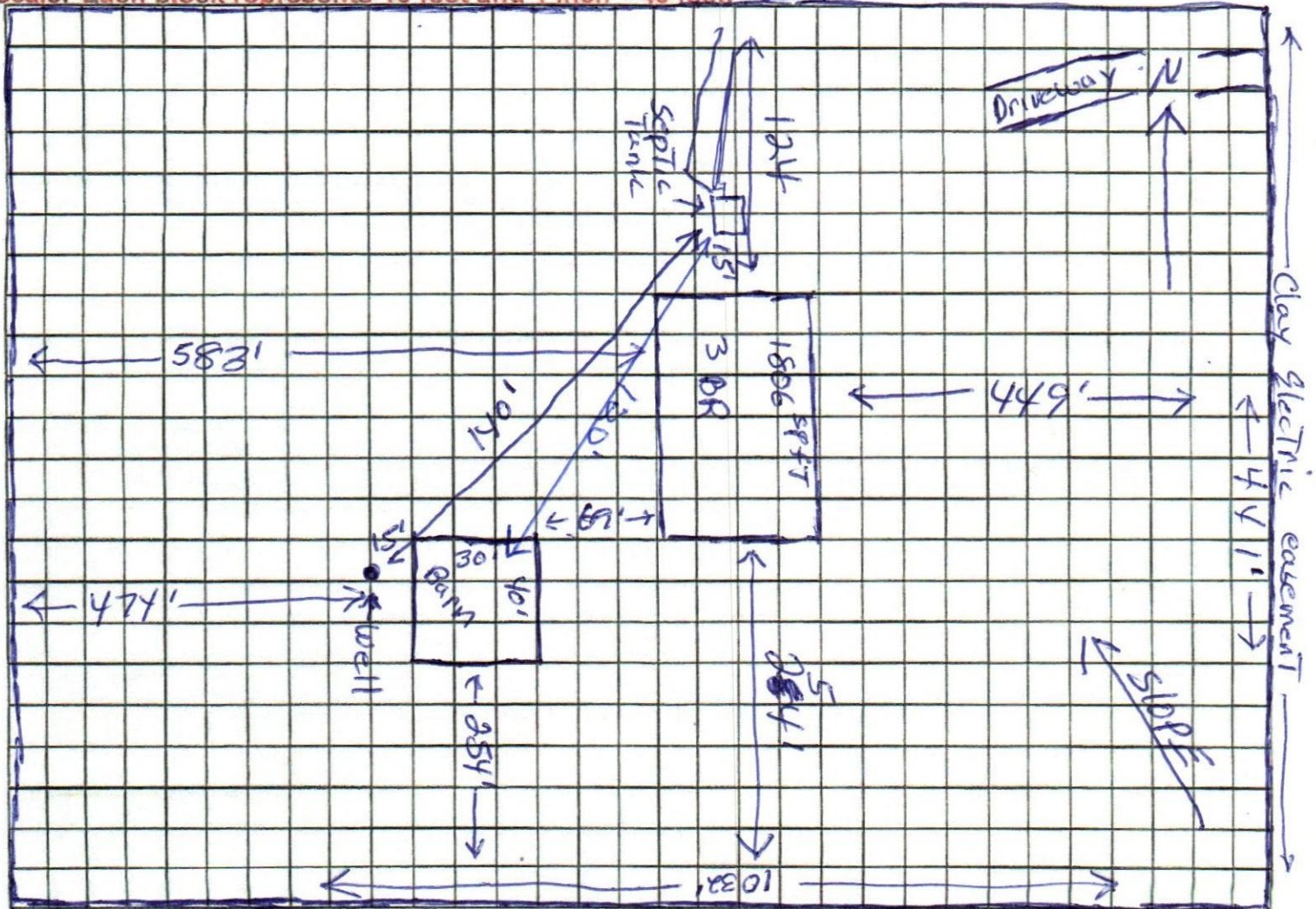
SIGNATURE: Dena Cribbs DATE: 7/22/2021

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Permit Application Number 21-0446

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

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



Notes: Installing a new 30' x 40' Barn

Site Plan submitted by: Dena Cribbs Owner TITLE

DATE: 7/23/21

Plan Approved ☒ Not Approved ☐

Date 7/27/2021

By Keh Ray

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT