

FW



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 25-1996
DATE PAID: 1/14/25
FEE PAID: 310.00
RECEIPT #: 228525

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
- Repair Abandonment Temporary

APPLICANT: Stephen Harris EMAIL: _____

AGENT: ASB Construction TELEPHONE: 888-441-2311

MAILING ADDRESS: 544 SW Dorton St. Ft. 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

OSTDS REMEDIATION PLAN? [Y / N]

LOT: NA BLOCK: NA SUBDIVISION: NA PLATTED: _____

PROPERTY ID #: 02-75-116-0412-009 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 392 SW Amanda Gln. Ft. White

DIRECTIONS TO PROPERTY: 47 left on 27 left on Amanda to property on left.

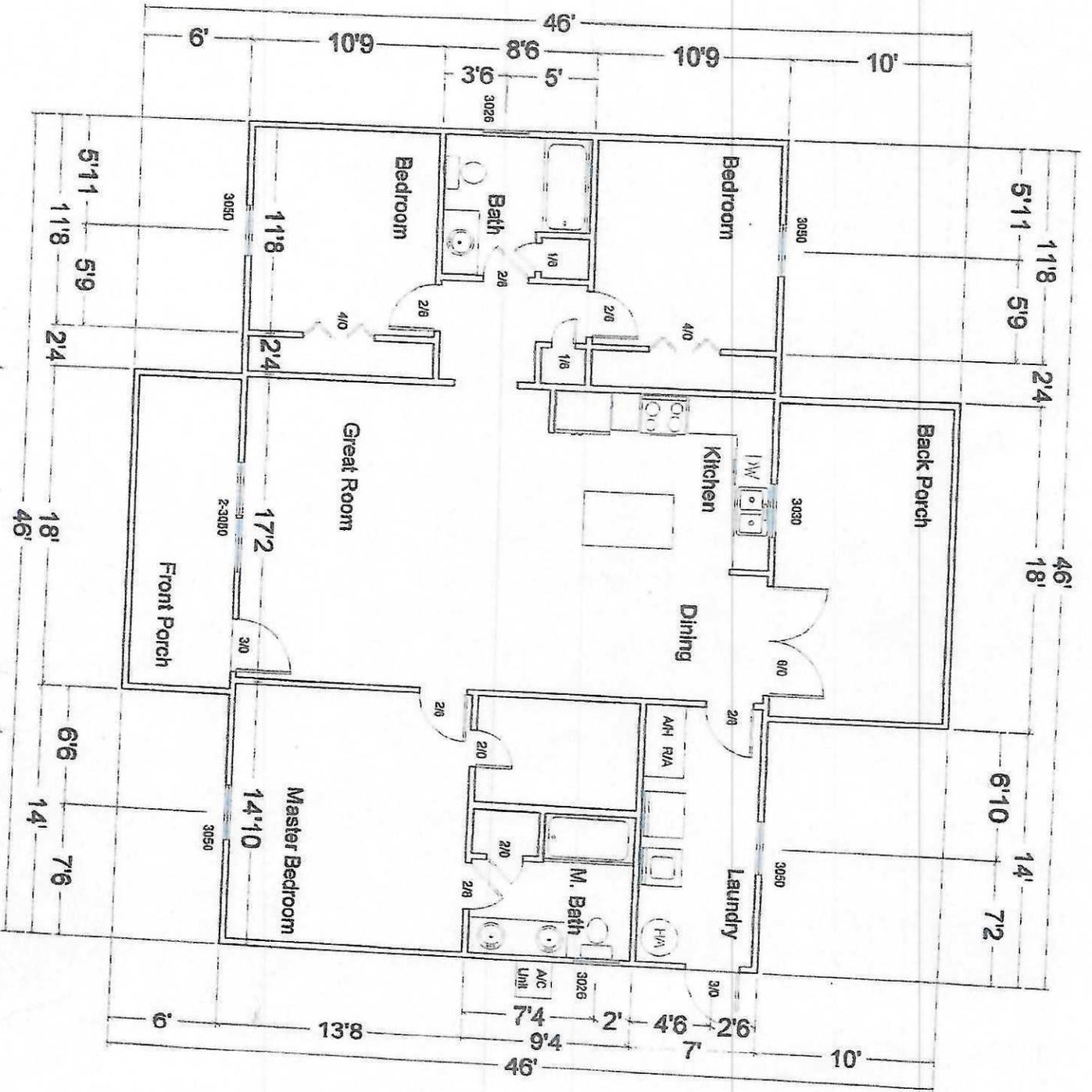
BUILDING INFORMATION

RESIDENTIAL COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>SFR</u>	<u>3</u>	<u>1380</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: William D. Bishop II DATE: 12/23/25



Ronald
Clark
Construction
 Inc.
 352-538-6929

Living 1360
 FPorch 108
 BPorch 180
 Total 1668

Floor Plan
 1/4" = 1 foot
 13-5

25-0996

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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0996

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

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

See
attached

Notes: _____

Site Plan submitted by: William D. Bishop II

Plan Approved Not Approved Date 12/22/25
By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT