



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

PERMIT NO. 20-0908
DATE PAID: 11/13/20
FEE PAID: 200.00
RECEIPT #: 1402048

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT:

Kerry Bishop

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, 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

LOT: 1 BLOCK: NA SUB: Palawan Estates PLATTED: _____

PROPERTY ID #: 17-6S-16-03852-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.95 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 1828 SW Centerville Ave, Fort White, Fl

DIRECTIONS TO PROPERTY: Head W on NE Franklin St, TL onto NW Main Blvd, slight right onto FL-47S, TR onto SW Elim Church Rd, TR onto SW Centerville Ave, Prop. on left.

BUILDING INFORMATION

[X] RESIDENTIAL [] COMMERCIAL

Unit No. Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC

1 SF Residential 2 1396 **ORIGINAL ATTACHED**

2 _____

3 _____

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

SIGNATURE: William D. Bishop II DATE: 11/13/2020

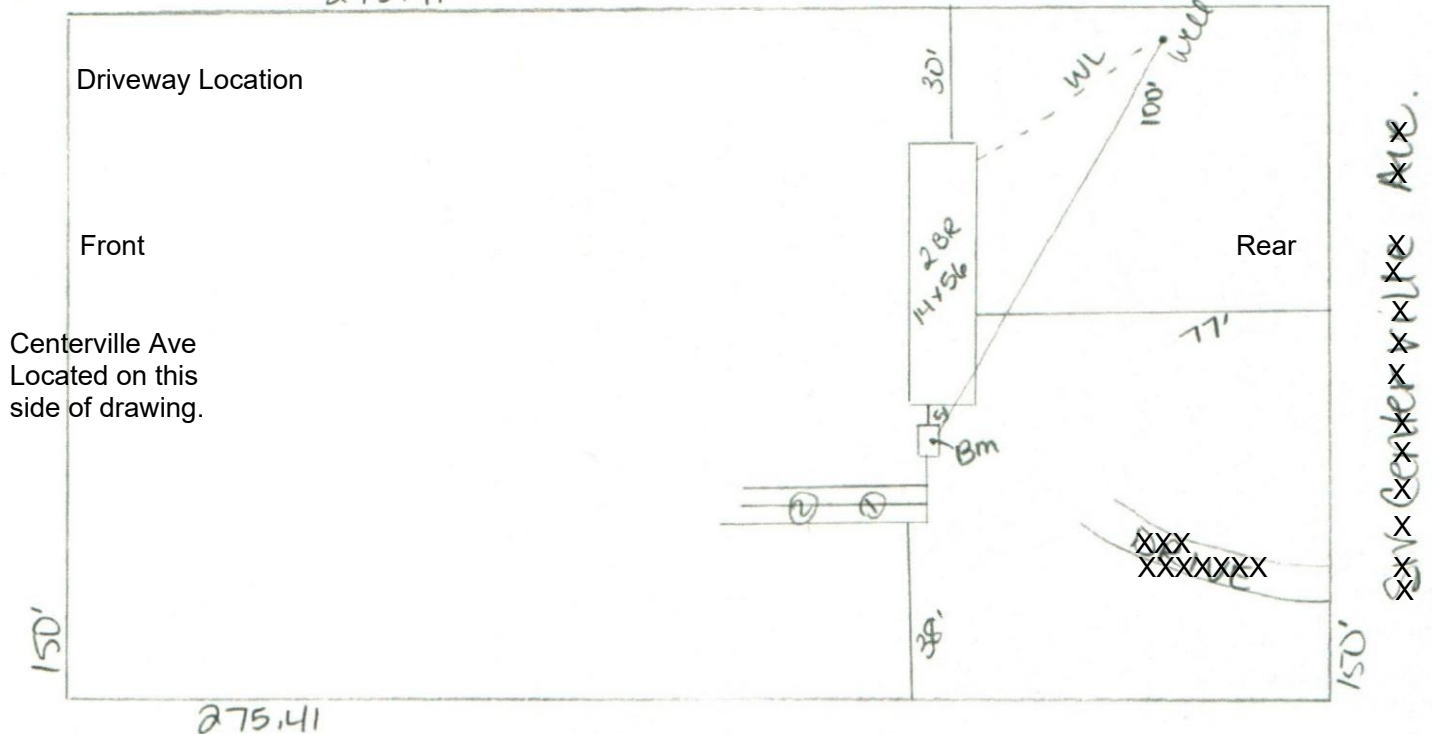
STATE OF FLORIDA
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APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 20-0908

Bishop

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

Scale: 1 inch = 40 feet. 275.41



Notes: _____

Site Plan submitted by: William D. Bishop II

MASTER CONTRACTOR

Plan Approved X

Not Approved _____

Date 11-13-20

By _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT