



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

PERMIT NO. 21-08461
DATE PAID: 10/19/21
FEE PAID: 60.00
RECEIPT #: 1252981

APPLICATION FOR:

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

APPLICANT: Richard Merriex

AGENT: Brody Pack

TELEPHONE: 503-689-6563

MAILING ADDRESS: 5683 153rd Road Live Oak, FL 32060

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 #: 07-7S-17-09939-001 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1.0 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 327 SW Rock Way Fort White, FL 32038

DIRECTIONS TO PROPERTY: FL-27 South from Ft. White, Left on Oak Ridge St., Left on SW Rock Way

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 | Old Home | 3 | 1728 | <u>Orig attached</u> |
| 2 | New Home | 3 | 1720 | |
| 3 | | | | |
| 4 | | | | |

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 10/18/21

STATE OF FLORIDA
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Permit Application Number _____

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

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

Merris

*See
attached*

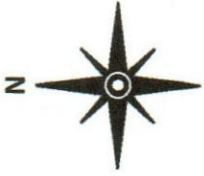
Notes: _____

Site Plan submitted by: *[Signature]* Agent: ☒ Owner: _____ Date: *10/19/21*

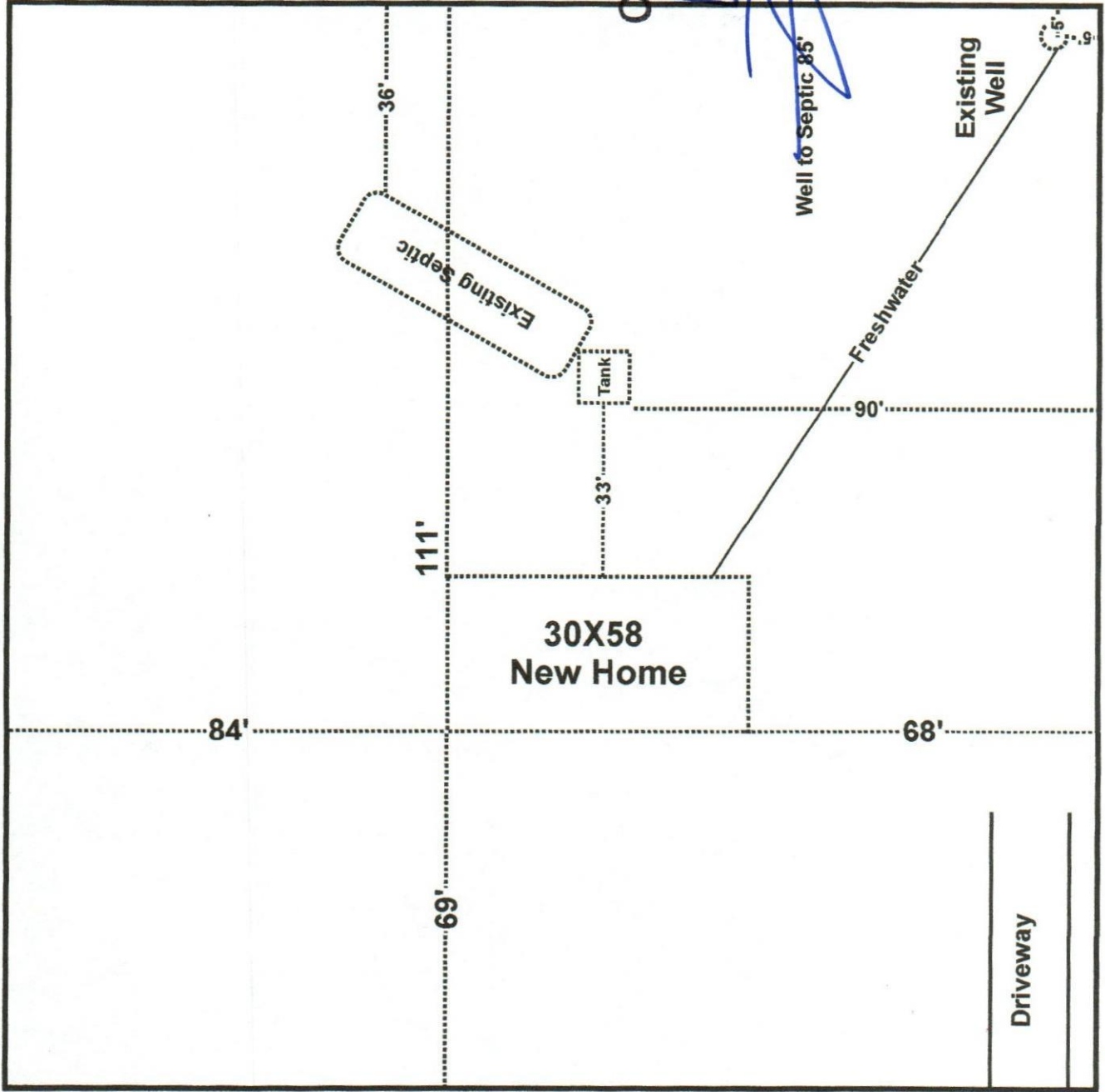
Plan Approved _____ Not Approved _____ Date _____

By _____ COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



210'



SW Rock Way

Columbia CHD

APPROVED

10/19/21

21-0861

Brody Pack
10/15/21

Scale 1" = 30'

Richard Merriex
Parcel: 09939-001
327 SW Rock Way Fort White, FL