

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

PERMIT NO. 20-0514
DATE PAID: 711/20
FEE PAID: 310.08
RECEIPT #: 1513347

APPLICATION FOR:  [X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative  [ ] Repair [ ] Abandonment [ ] Temporary [ ]
APPLICANT: Marcus and Rebecca Matthews
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: 67 BLOCK: NA SUB: Cardinal Farms PLATTED:
PROPERTY ID #: 11-6S-16-03815-167 ZONING: I/M OR EQUIVALENT: [ Y / M ]
PROPERTY SIZE: 10.01 ACRES WATER SUPPLY: [   PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: NA FT
PROPERTY ADDRESS: 464 SW Skyline Loop, Ft. White, Fl 32038
DIRECTIONS TO PROPERTY: Head Won NE Franklin St, TL onto
NW Main Blvd, Shight right mto FL-47S, TL onto
SW Heriong St, TR onto SW Skyline Loop
BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
sf Residential 3 1887
2
3
[ ] Floor/Equipment Drains [ ] Other (Specify)
SIGNATURE: Willia D. Bishop II DATE: 6/29/2020

## STATE OF FLORIDA DEPARTMENT OF HEALTH

mathems

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 20 -05/4

1.1000111		PART II - SITEPI	LAN		
Scale: 1 inch = 40 feet.	210'				
	016 1N	2 DF 9/17/2020		R Slope	200
	American estado, producinado producido estado estado de estado es	join our parties of the said	Wi 186	86	NIVI AV
		3	43	DRIVE	MV.
Notes:					
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Site Plan submitted by: Will	Vian D. 1	Side IF	M	ASTER CONTRACTOR	_
Plan Approved_V  By Kull Rouge	ä	Not Approved	Columbia	Date 10 - 29-20	_
By Kill Roger		ESII	Columbia	County Health Departmen	nt