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

PERMIT NO. 14-0161
DATE PAID: 3/14/14
FEE PAID: 510.00
RECEIPT #: 1327435

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Deas-Bullard Properties Inc

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: 10 BLOCK: na SUB: Old Wire Forest unr PLATTED: _____

PROPERTY ID #: 24-6S-16-03817-210 ZONING: Res I/M OR EQUIVALENT: [Y (N)

PROPERTY SIZE: 10.03 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 481 SW Grapevine Court, Fort White, FL, 32038

DIRECTIONS TO PROPERTY: 47 South, TL on CR 238 (Elim Church), TL on Old Wire, TR on Maplewood, at end TR on Grapevine, To end 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	1	384	
2				
3				

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

SIGNATURE: Rocky D Ford DATE: 3/13/2014

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

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

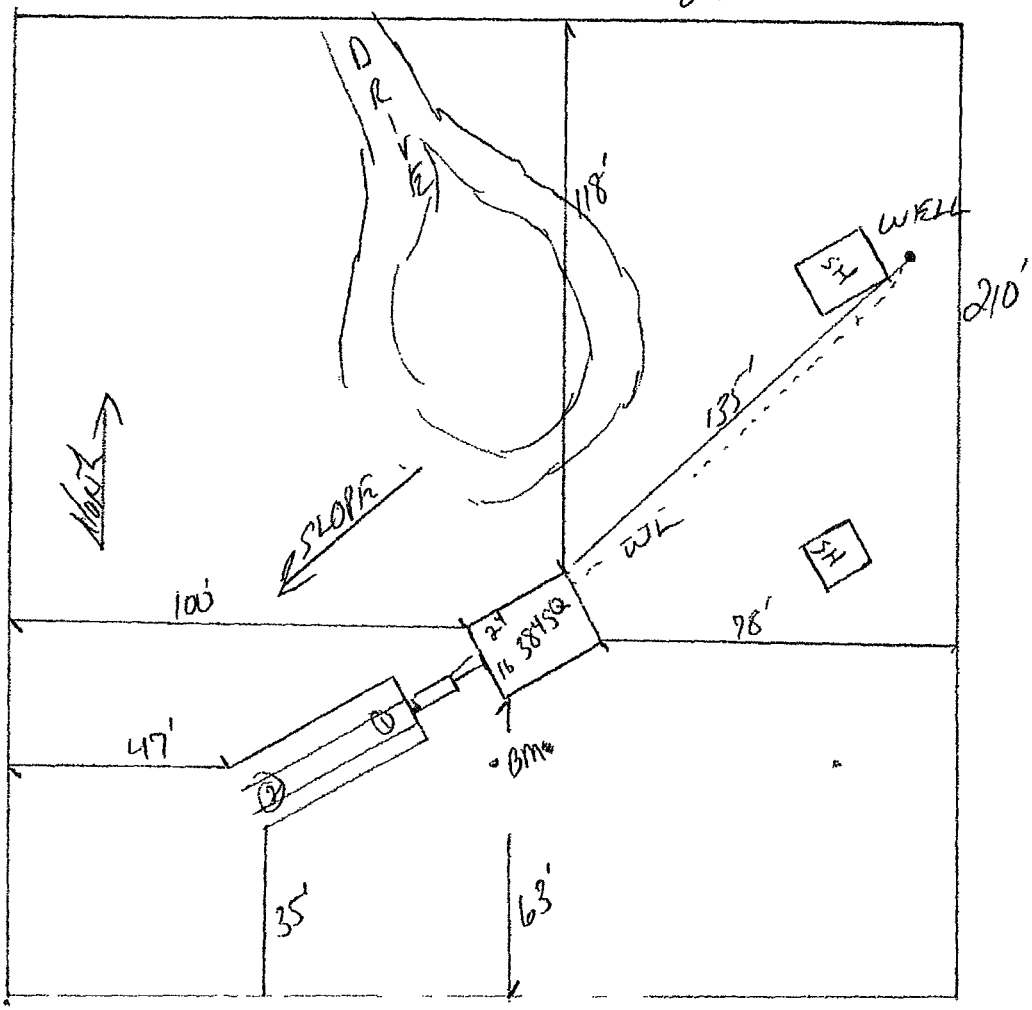
Permit Application Number 14-0101

Dees-Ballard

PART II - SITEPLAN

210'

Scale: 1 inch = 40 feet.



Notes: 1 of 10.03 Acres Site Attached

Site Plan submitted by: [signature] MASTER CONTRACTOR

Plan Approved X Not Approved ____ Date 3/25/2014

By [signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT