



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

PERMIT NO. 21-0099  
DATE PAID: 2/2/21  
FEE PAID: 240.00  
RECEIPT #: 1617608

## APPLICATION FOR:

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

APPLICANT: Scott ThomasonAGENT: \_\_\_\_\_ TELEPHONE: 386-315-0587MAILING ADDRESS: 877 SW Roberts Ave, Fort 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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 30-65-16-03993-003 ZONING: AG I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 6.24 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: \_\_\_\_\_ FTPROPERTY ADDRESS: 909 SW Roberts Ave, Fort White, FLDIRECTIONS TO PROPERTY: From 27 & Utah - follow Utah to Roberts Ave and continue to 3/4 mile on left \* Scott Thomason & Gmail.com

## 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	<u>Single-wide mobile home</u>	<u>2</u>	<u>890</u>	<u>1985 ORIGINAL ATTACHED No Fir Plan</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_SIGNATURE: SP DATE: 2/1/21

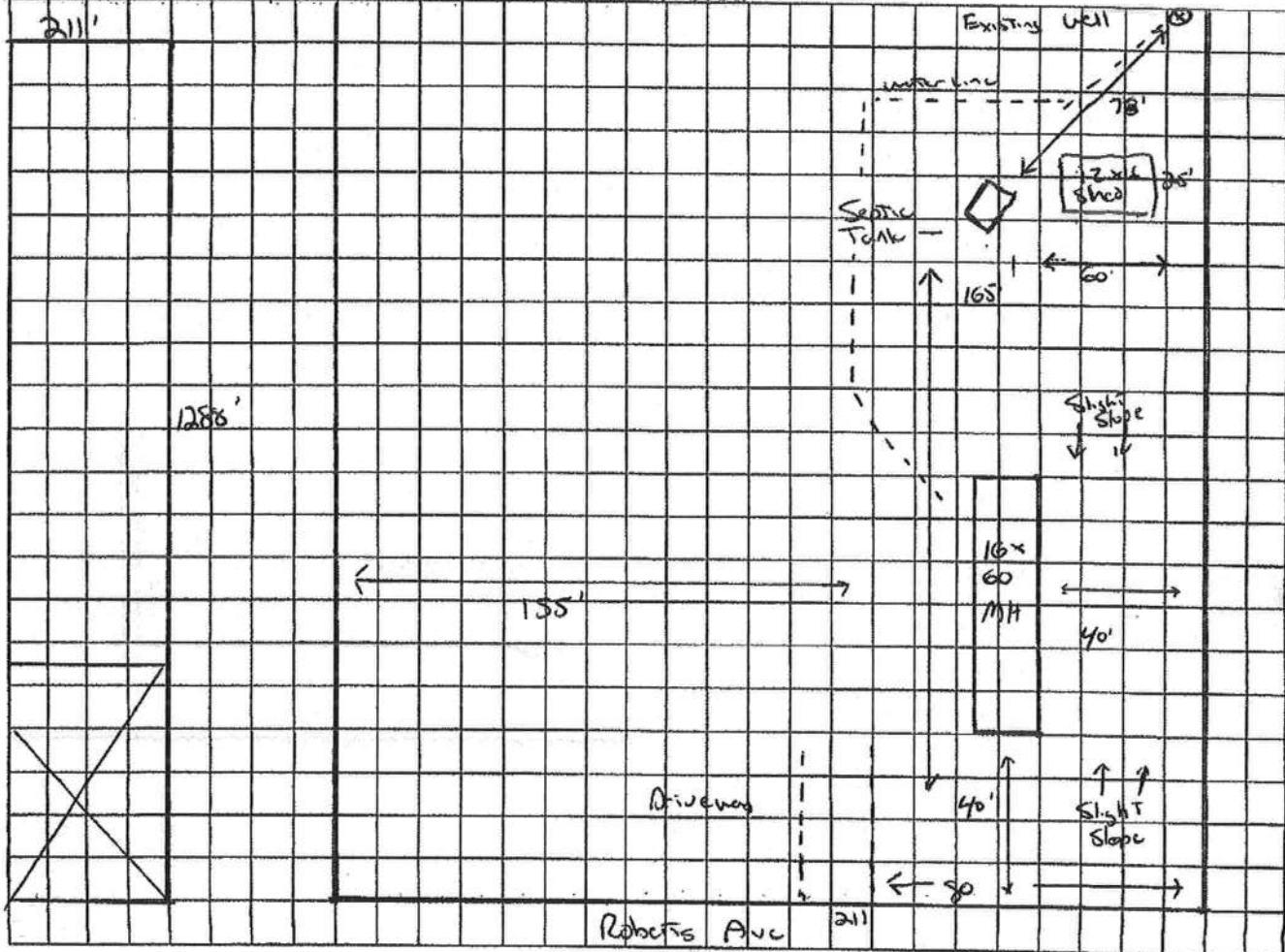
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Permit Application Number

21-0098

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

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



Notes: Existing Septic is 1000 Gallon concrete in good condition. Previous mobile home was removed before I purchased property. There is another storage building further back but has no impact on system. I am a Certified Plumbing Contractor, Plumbing Inspector, Plumbing Plans Reviewer & Building Code Administrator.

Site Plan submitted by: Scott Thompson TITLE \_\_\_\_\_ DATE: 2/1/21  
Plan Approved ☒ [Signature] Not Approved \_\_\_\_\_ Date 2/3/21  
By \_\_\_\_\_ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT