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

PERMIT NO. 12-368
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:

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

APPLICANT: Ruby Jane Wilkins

AGENT: _____ TELEPHONE: 352-441-0131

MAILING ADDRESS: 1281 S.W. Bobcat Drive, Ft. White, FLA. 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: 69 BLOCK: _____ SUBDIVISION: SASSAFRAS PLATTED: _____

PROPERTY ID #: 19-75-17-10024-070 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 1.03 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☐ N DISTANCE TO SEWER: 25 FT

PROPERTY ADDRESS: 1281 S.W. Bobcat Drive Ft. White, FLA. 32038

DIRECTIONS TO PROPERTY: From Ft. White go south on 27 turn Right on County Rd. 138, Take 1st Right on Bobcat Drive, go 1/2 mile, property on Right.

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>Mobile Home</u>	<u>3</u>	<u>11,500 sqft</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

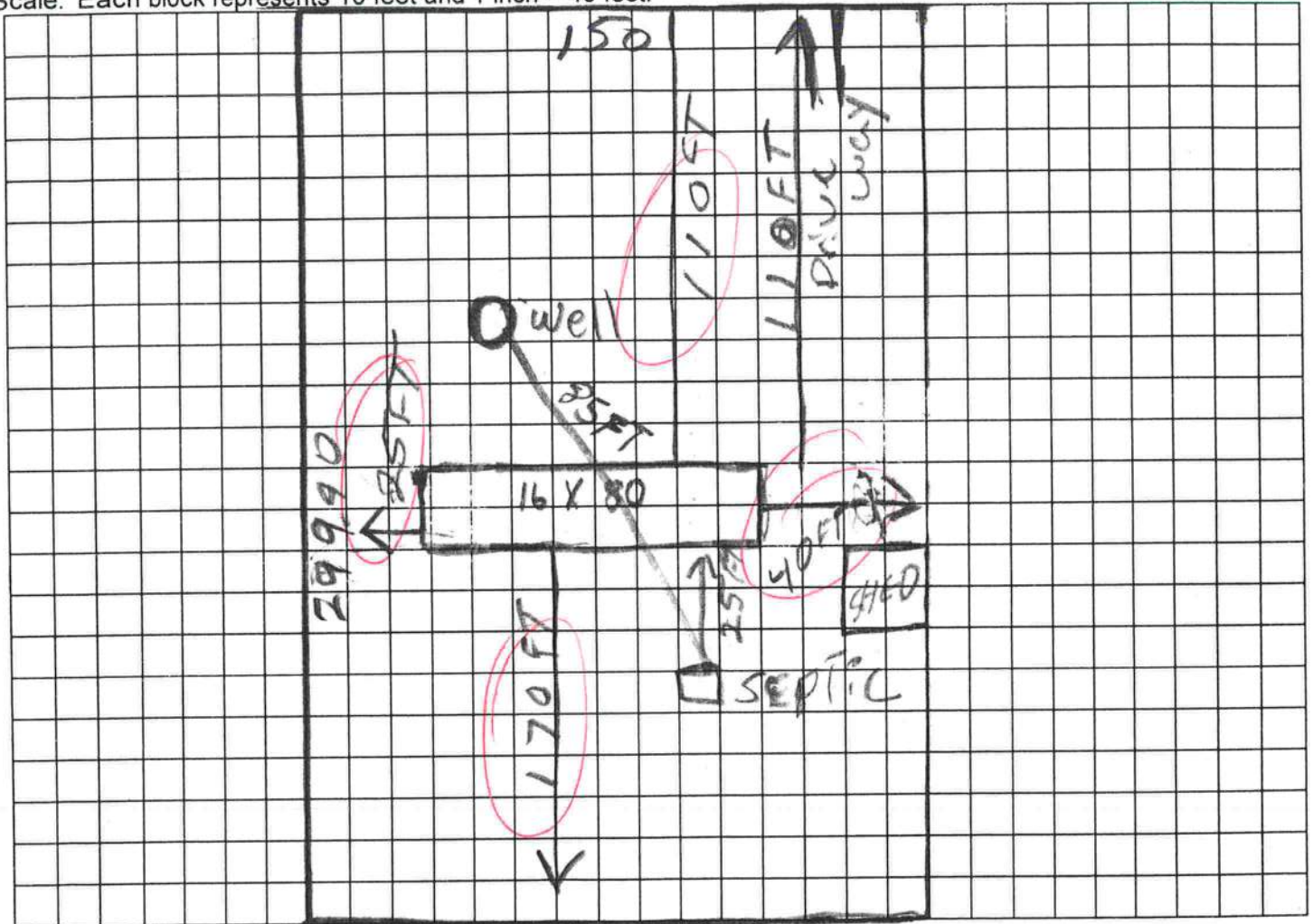
SIGNATURE: Ruby Jane Wilkins DATE: 8-7-2012

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-308

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

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



Notes: _____

Site Plan submitted by: X Ruby Jane Wilkins
Plan Approved X Not Approved _____

By Columbia Date 8-8-2016 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

1208-22

DATE RECEIVED 8-7-12 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Ruby Wilkins PHONE 352-441-0139 CELL 386-454-5244

ADDRESS 1281 SW Bobcat Dr Fort White FL 32038 David (son)

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 475, (L) 27, (R) 138, (R) Bobcat Dr,
approx. 1/2 mile on Right - just past Otter Ln on (R)

MOBILE HOME INSTALLER Robert Sheppard PHONE _____ CELL 623-2203

MOBILE HOME INFORMATION

MAKE Clayton YEAR 06 SIZE 16 X 80 COLOR Cream & Black

SERIAL No. W4C 015299 GA

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

\$50.00

Date of Payment: 8-7-12

Paid By: Ruby Wilkins

Notes: _____

EXTERIOR:

P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING

P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT

P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Jay C ID NUMBER 304 DATE 8-8-12