



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

PERMIT NO. 20-0366DATE PAID: 5/15/20FEE PAID: 200.00RECEIPT #: 1504677

## APPLICATION FOR:

☐ New System☐ Repair☒

Existing System

☐

Abandonment

☐

Holding Tank

☐

Temporary

☐

Innovative

☐APPLICANT: Wallace or Dora Cable

AGENT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: 2992 SW Old Bellamy Road  
Fort 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: \_\_\_\_\_

BLOCK: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

PLATTED: \_\_\_\_\_

PROPERTY ID #: 31-65-17-0988-001

ZONING: \_\_\_\_\_

I/M OR EQUIVALENT: ☒ Y ☐ NPROPERTY SIZE: 35

ACRES

WATER SUPPLY: ☒

PRIVATE

PUBLIC ☐<=2000GPD ☐

&gt;2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N

DISTANCE TO SEWER: \_\_\_\_\_

FT

PROPERTY ADDRESS: 2992 SW Old Bellamy Rd, Fort White

DIRECTIONS TO PROPERTY: \_\_\_\_\_

## 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

Garage

0

640

2

(carport)

3

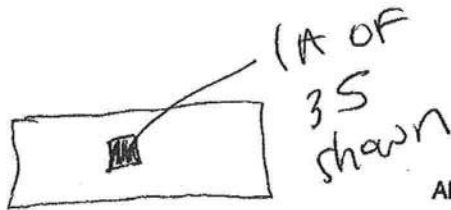
4

☐ Floor/Equipment Drains☐

Other (Specify) \_\_\_\_\_

SIGNATURE: Dora CableDATE: 5/14/2020

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



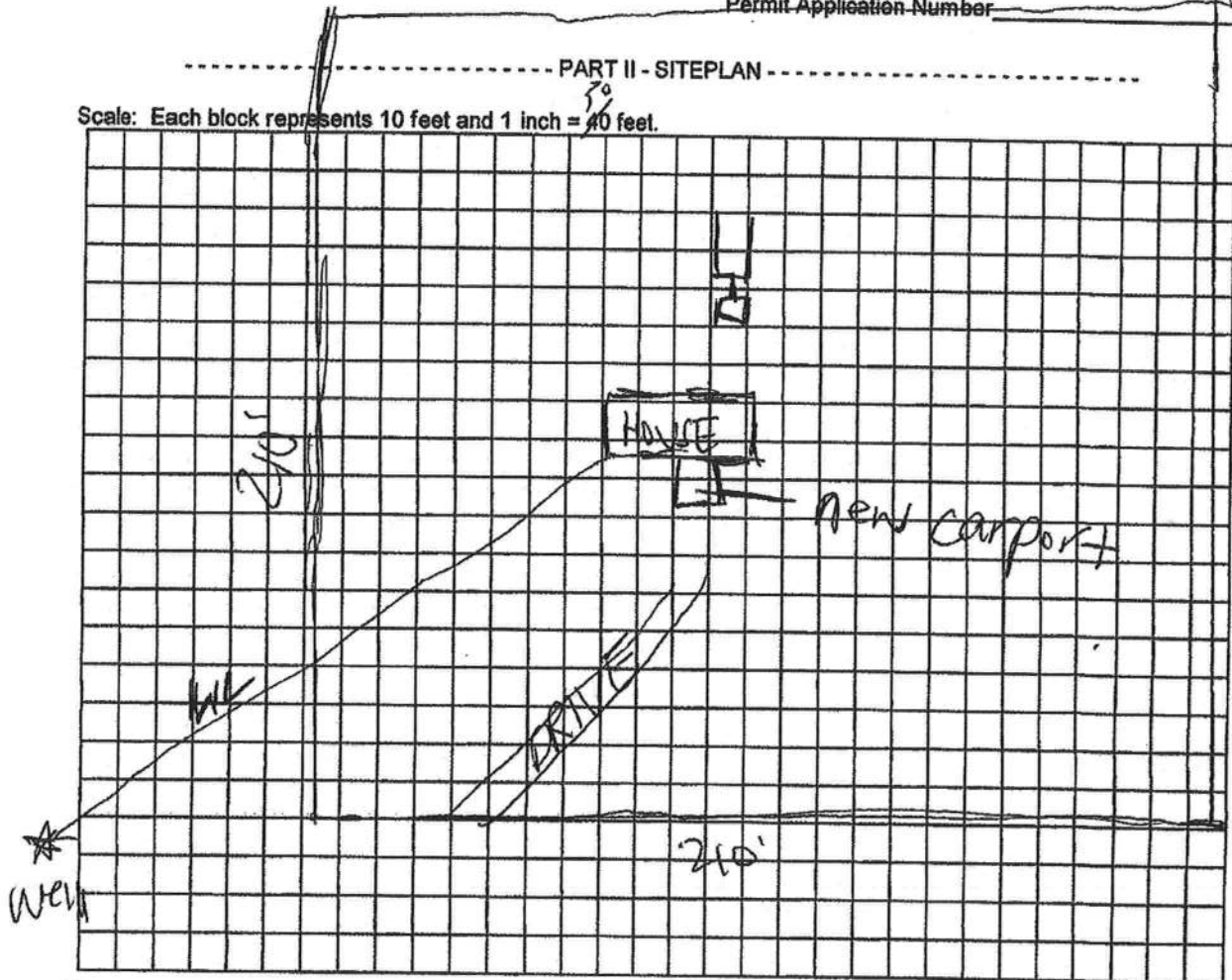
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Permit Application Number

20-0366

PART II - SITEPLAN

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



Notes:

Site Plan submitted by:

Plan Approved

By

Not Approved

Date

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT