



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ON-SITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 22-0051  
DATE PAID: 1/27/22  
FEE PAID: 1789308  
RECEIPT #: 1789308

APPLICATION FOR:

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

APPLICANT: Brad and Marcia Bouchie

AGENT: same

TELEPHONE: 407-347-7188

MAILING ADDRESS: 16682 Olive Hill Dr, Orlando, FL 32817

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: 5 BLOCK: NA SUBDIVISION: Ledar Springs Shores PLATTED: 9/16/1975

PROPERTY ID #: 18-75-16-04236-080 ZONING: SFR I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1.52 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 215 SW Burgundy Lane, Ft White, FL 32038

DIRECTIONS TO PROPERTY: 475 thru FW, right onto SW Hollingsworth St, right onto SW Bluff Dr, right onto SW Burgundy Lane, third lot on left past SW Carmine Way

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	mobile home	1	504	
2	utility shed	0	384	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Brendly D Bouchie

DATE: 1-06-22

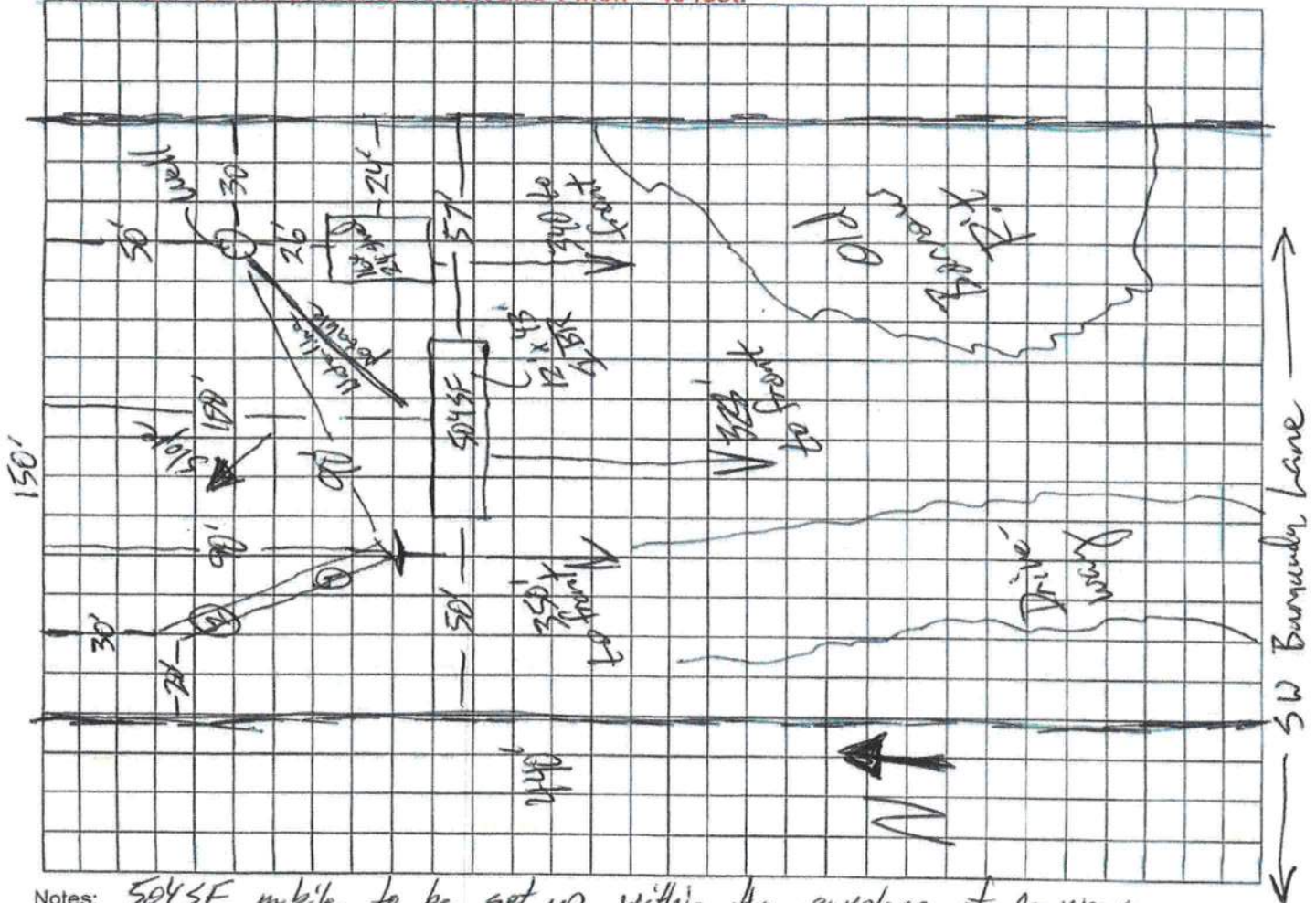
DH 4015, 08/09 (Obsoletes previous editions which may not be used)  
Incorporated 64E-6.001, FAC

Page 1 of 4

53018

Permit Application Number 22-0051

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



Notes: 504SF mobile to be set up within the envelope of previous dwelling, which was 28x50, 1560SF.

Site Plan submitted by: Bruce D. Kunkin TITLE Owner DATE: 1-06-22  
Plan Approved X Not Approved \_\_\_\_\_ Date 2/7/22  
By [Signature] [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT