

SSD 287 084990



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

PERMIT NO. 20-0719
DATE PAID: 9/10/20
FEE PAID: 425.00
RECEIPT #: 1577976
1/4 Amendment 35.00

APPLICATION FOR:

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

APPLICANT: JAN HART

AGENT: Howard Septic Tank Service Inc TELEPHONE: 386-935-1518

MAILING ADDRESS: PO Box 180 Branford, FL 32008

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: 14 BLOCK: 4 SUBDIVISION: Wilson Springs PLATTED: —

PROPERTY ID #: 61-75-15-04149-414 ZONING: R I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .41 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ YES ☐ NO DISTANCE TO SEWER: — FT

PROPERTY ADDRESS: 213 Monument Lane Ft. White Fl.

DIRECTIONS TO PROPERTY: Attached

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	SFR <u>MH</u>	<u>2</u>	<u>256</u> 1216	<u>Revised 10/16/20</u>
2				
3			<u>924</u>	
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 9/9/2020

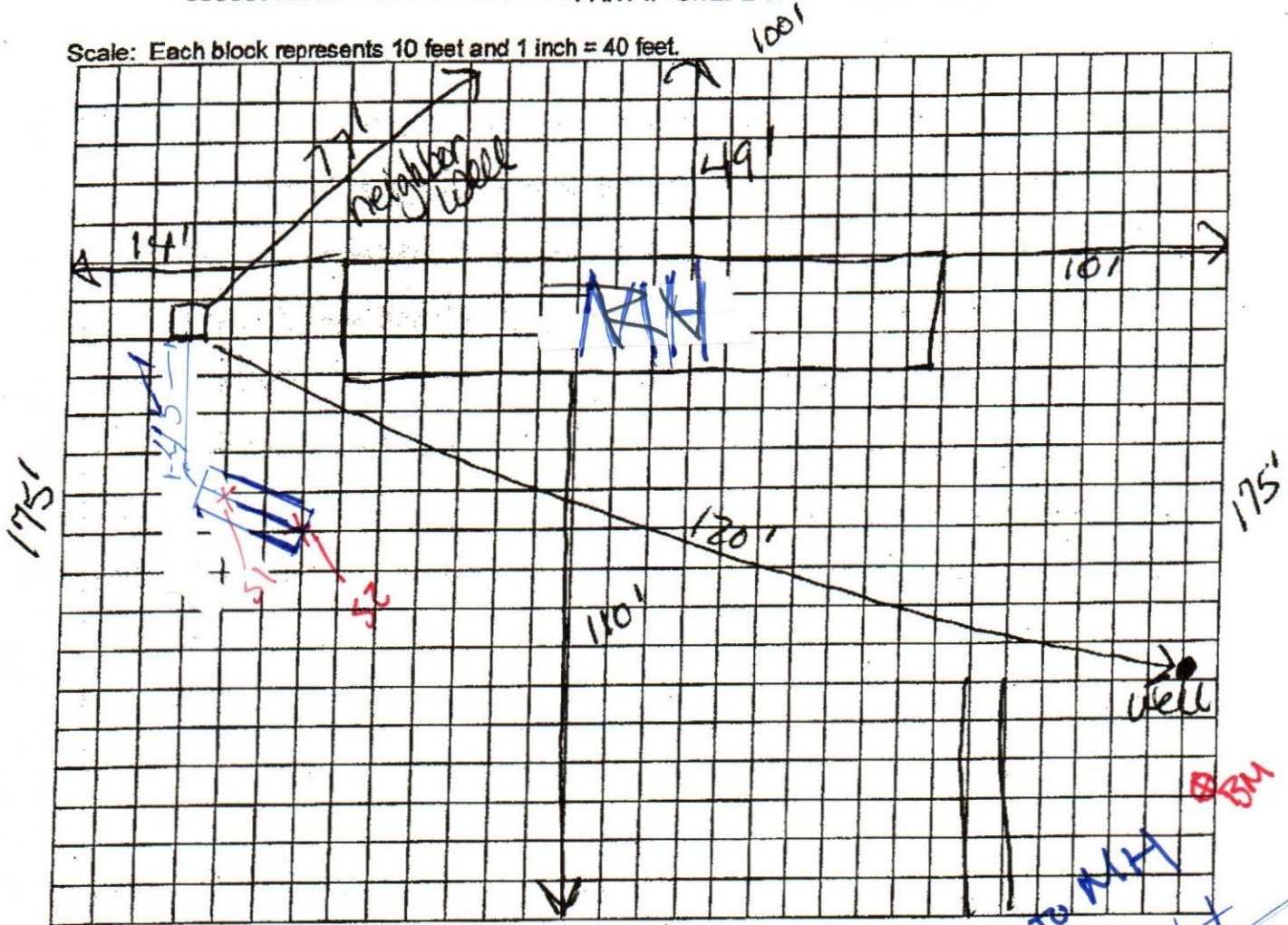
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PART II - SITEPLAN

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



Notes:

Site Plan submitted by: John C. Kaniel

Plan Approved X

By [Signature]

Not Approved

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Revised 10/16/20
X Jan Hart