



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

21-0940
PERMIT NO. _____
DATE PAID: 11/17/21
FEE PAID: 600.00
RECEIPT #: 1764754

APPLICATION FOR:

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

APPLICANT: DOUG CASON

AGENT: _____ TELEPHONE: 352-327-0592

MAILING ADDRESS: 625 NE 3 STREET, LAKE BUTLER FL

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 Unit 23

LOT: 57 BLOCK: 4 SUBDIVISION: Three Rivers Estates PLATTED: _____

PROPERTY ID #: 00.00.00.01430.057 ZONING: _____ I/M OR EQUIVALENT: [Y] ☒ [N]

PROPERTY SIZE: 1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] ☐ <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y] ☒ [N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 581 SW Kentucky Ave, Fort White, FL 32038

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
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1	not on Property fulltime RV	1	200	
2	Storage shed w/ bathroom	0	200	ORIGINAL ATTACHED
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

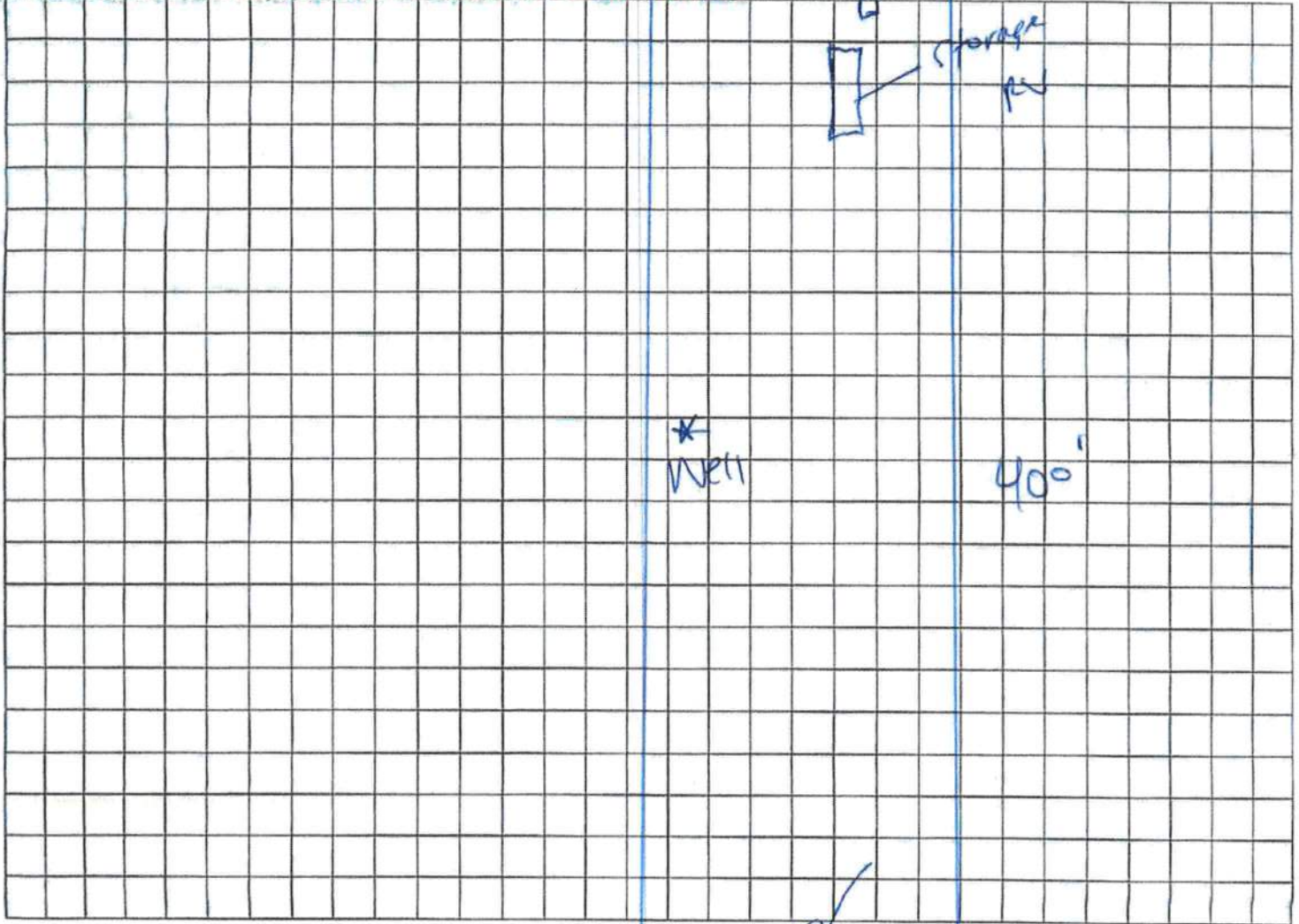
SIGNATURE: [Signature] DATE: 11-17-21

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Permit Application Number 21-0948

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

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



Notes: _____

Site Plan submitted by: **APPROVED** TITLE 100' DATE: _____

Plan Approved _____ Not Approved _____ Date _____

By: [Signature] County Health Department

Columbia CHD 11/18/21

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT