



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

21-0940

PERMIT NO. 11117721
DATE PAID: 100.00
FEE PAID: 100.00
RECEIPT #: 1164754

APPLICATION FOR:

New System Existing System
 Repair Abandonment

Holding Tank Innovative
 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 River Estates PLATTED:

PROPERTY ID #: 00.00.00 01438.057 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 1 280

ORIGINAL ATTACHED

2 Storage shed w/ 0 200

3 bathroom 0 200

4

Floor/Equipment Drains Other (Specify)

SIGNATURE: Douglas Cason

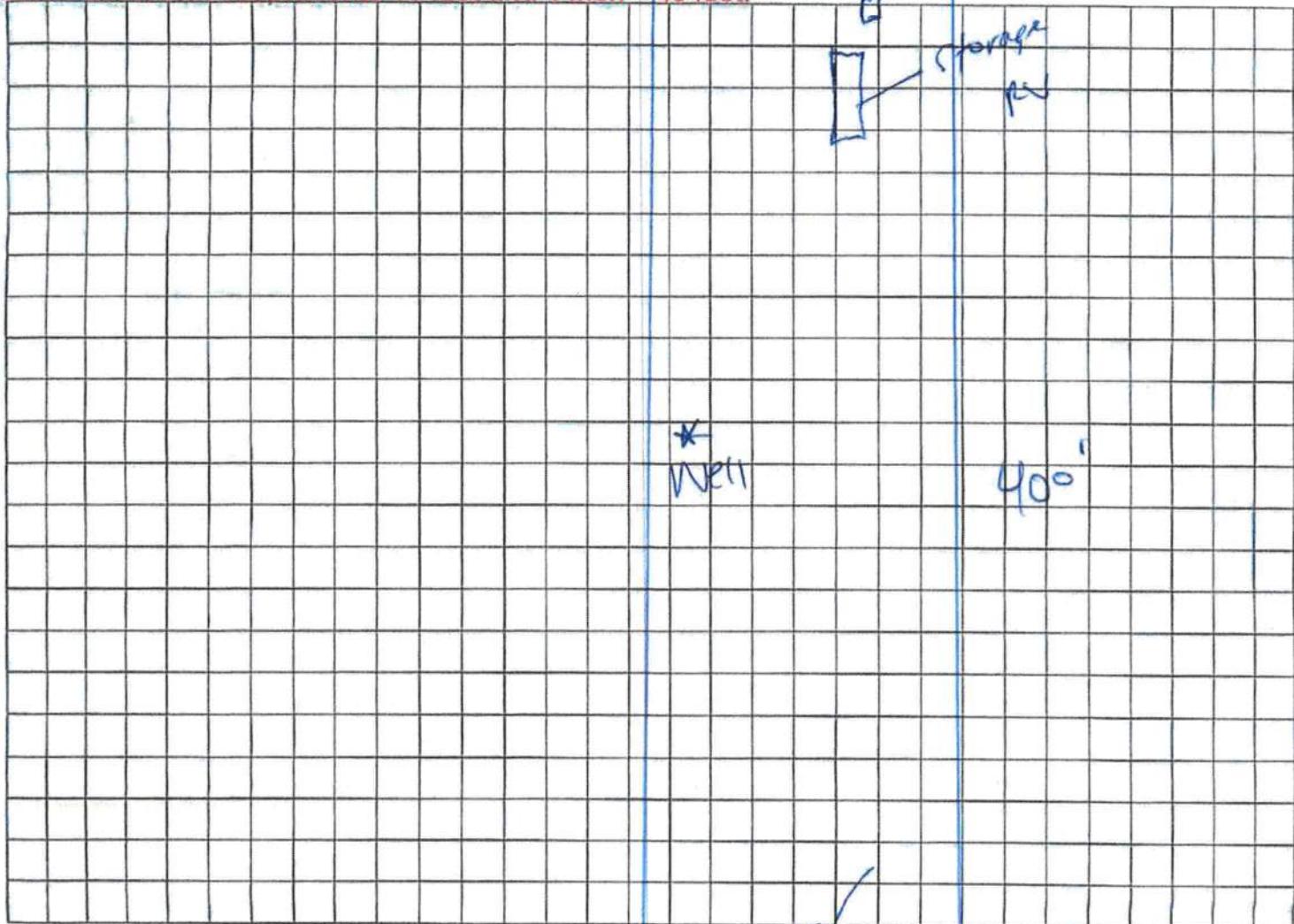
DATE: 11-17-21

STATE OF FLORIDA
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Permit Application Number 31-0948

PART II - SITEPLAN

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



Notes: _____

APPROVED

Site Plan submitted by _____

Plan Approved ✓

By Doug

Not Approved _____

TITLE 100'

DATE: _____

Date 11/18/21

County Health Department

Columbia CHD

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT