

FW



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

PERMIT NO: 22-0923
DATE PAID: 1115182
FEE PAID: 310989
RECEIPT #: 1911269

APPLICATION FOR:

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

APPLICANT: Gibbott Contracting, LLC Scott Hagan

AGENT: Mark Bauer TELEPHONE: 352-283-2002

MAILING ADDRESS: 25232 NW 160th Ln. High Springs, FL 32643

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: N/A PLATTED: _____

PROPERTY ID #: 08-7S-17-09952-007 ZONING: Res. I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 1780 SW Bethlehem Ave. Ft. White, FL 32038

DIRECTIONS TO PROPERTY: Take US Hwy 441 South to CR 778 on right. Take CR 778 to SW Bethlehem Ave on right. Follow SW Bethlehem Ave to property - 2nd on left.

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	<u>New SFD</u>	<u>3</u>	<u>2071¹/₂ H/A</u> <u>3163¹/₂ TOTAL</u>	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: _____ DATE: 10-18-22

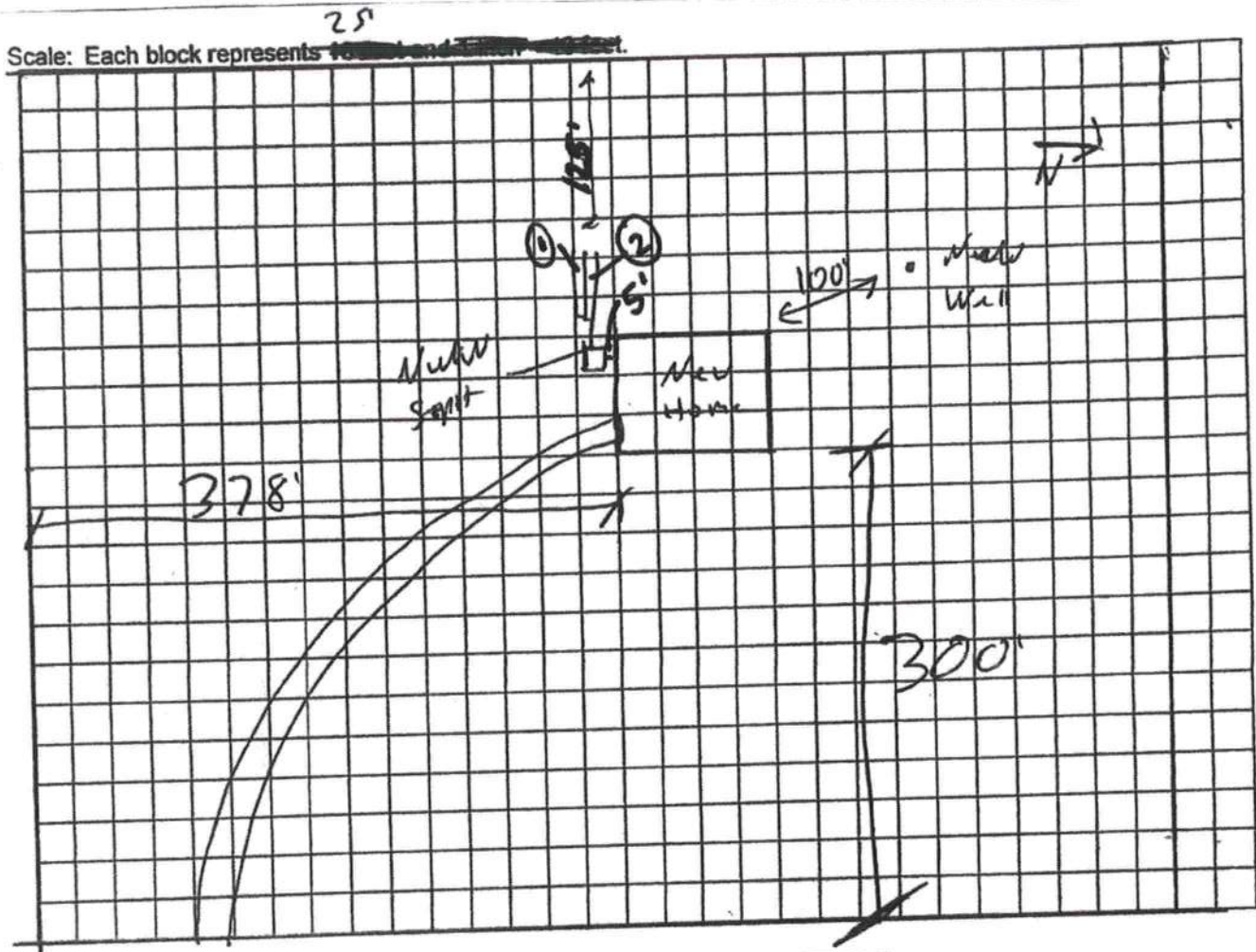
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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0923

NEW SYSTEM

PART II - SITEPLAN



Notes: COLUMBIA County, Florida parcel id #: 08-7S-17-09952-007
Address: 1780 SW BETHLEHEM AVENUE FORT WHITE, FLORIDA 32038

Site Plan submitted by: Ronald Ford - RONALD FORD
Plan Approved X Not Approved _____ Date 11/16/22
By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT