



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

PERMIT NO. 20-0827
DATE PAID: 10/14/20
FEE PAID: 60.00
RECEIPT #: 1585165

APPLICATION FOR:

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

APPLICANT: Stephen & Anna Farmer

AGENT: Steel Buildings & Structures Inc. TELEPHONE: 877-272-8276

MAILING ADDRESS: PO BOX 1287 Mount Airy, NC 27030

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: 33 BLOCK: _____ SUBDIVISION: Thornwood PLATTED: _____

PROPERTY ID #: 34-65-116-04056-133 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 1.25 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 236 SW Greenwood Ter 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
1	<u>Single Family</u>			
2	<u>Accessory Building (new)</u>	<u>0</u>	<u>1050</u>	<u>ORIGINAL ATTACHED</u>
3				
4				

☐ Floor/Equipment Drains ☒ Other (Specify) _____

SIGNATURE: Stephen Farmer DATE: 10/06/2019

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

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

See
Attached

Notes:



* Site Plan submitted by:

Steph [Signature]

Agent:

Owner:

☒

Date: 10-15-2020

Plan Approved

Not Approved

Date 10/19/2020

By

[Signature]

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20-0822

