



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

FW

PERMIT NO. 21-0750  
DATE PAID: 9/10/21  
FEE PAID: 400.00  
RECEIPT #: 1729763

APPLICATION FOR:

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

APPLICANT: Travonie Owens

AGENT: Brent Wainwright

TELEPHONE: 503-689-6563

MAILING ADDRESS: 5683 153rd Road Live Oak, FL 32060

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: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 14-7S-16-04215-000/001 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ No ☐

PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 522 SW Hornet Ct. Ft. White, FL

DIRECTIONS TO PROPERTY: FL-27 N past High Springs, Left on SW Shiloh St., Right on SW Hornet Ct. Lot is Immediately following the hard right.

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	Manufactured Home	3	1216	<b>Expired ORIGINAL ATTACHED</b>
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2	Manufactured Home	3	1130 (New)	
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3				
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4				
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☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CH257091

DATE: \_\_\_\_\_

9-8-21



STATE OF FLORIDA  
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Permit Application Number 21-8750

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

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

(Quarries)

See  
Attached

Notes: \_\_\_\_\_

\* Site Plan submitted by: [Signature] 9/13/21 Agent: ✓ Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Approved X Not Approved \_\_\_\_\_ Date 9/30/21

By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

21 0750

SW Hornet Ct.

Brody Pack  
9/7/21

Scale 1" = 40'

Travonie Owens  
Parcel: 14-7S-16-04215-000

