



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

PERMIT NO. 21-0083
DATE PAID: 1/28/21
FEE PAID: 248.00
RECEIPT #: 14/4305

APPLICATION FOR:

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

APPLICANT: Randall Bradley

AGENT: Dale Burd / Dale Burd LLC

TELEPHONE: 386-365-7674

MAILING ADDRESS: 20619 County Road 137, Lake City, FL, 32024

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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.

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PROPERTY INFORMATION

LOT: 66/67 BLOCK: NA SUBDIVISION: Three Rivers Estates Unit 20 PLATTED: NA

PROPERTY ID #: 00-00-00-01274-066 ZONING: NA I/M OR EQUIVALENT: ☐ No ☐

PROPERTY SIZE: 1.83 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 759 SW Pleasant Terr, Fort White, FL, 32038

DIRECTIONS TO PROPERTY: From Fort White, Wilson Springs Road, TR Newark, TL Alberta Place, TR Pleasant Terr, 1/4

Mile to address on 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
1	SF Residential / MH	3	1720	3 BR for 3 BR Like for Like
2				Original 91-323
3				
4				

ORIGINAL ATTACHED

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 1/27/2021

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

Permit Application Number 21-0083

Bradley

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

Scale: 1 inch = 40 feet.

*PLEASE
SEE
ATTACHED*

Notes: _____

Site Plan submitted by: *[Signature]*

CONTRACTOR

Plan Approved _____

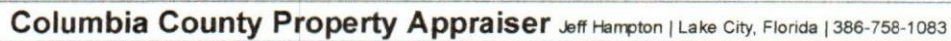
Not Approved _____

Date 1/28/04

By *KM By* *Columbia* County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

21-0083



Columbia County, FL

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