



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

PERMIT NO. 14-0046E
DATE PAID: 1/29/14
FEE PAID: 105.00
RECEIPT #: 1755022

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [X] POOL

APPLICANT: THOMAS J. GLENN JR

AGENT: SELF

TELEPHONE: (386) 497-3795

MAILING ADDRESS: 654 SW TIMUQUA TERRACE FORT WHITE

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: 3 BLOCK: A SUBDIVISION: TIMUQUA PLATTED: 86

PROPERTY ID #: 12-75-16-04184-103 ZONING: RES. I/M OR EQUIVALENT: [Y] (N)

PROPERTY SIZE: 5.03 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 654 SW TIMUQUA TERRACE, FORT WHITE, FL 32038

DIRECTIONS TO PROPERTY: SOUTH ON MAIN BLVD (LAKE CITY); MERGE RIGHT ONTO HWY 27; AT THE TRAFFIC LIGHT IN FORT WHITE, TURN LEFT ONTO HWY 27, 3 MILES TURN LEFT ONTO SW TIMUQUA, PROPERTY IS PAST SW BEAR LN ON LEFT (MAIL BOX MARKED 654 IS IN FRONT)

BUILDING INFORMATION [X] 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>EXISTING RESIDENTIAL HOME</u>	<u>4</u>	<u>4,439</u>	
2	<u>POOL</u>			
3				
4				

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

SIGNATURE: [Signature]

DATE: 28 JAN 14



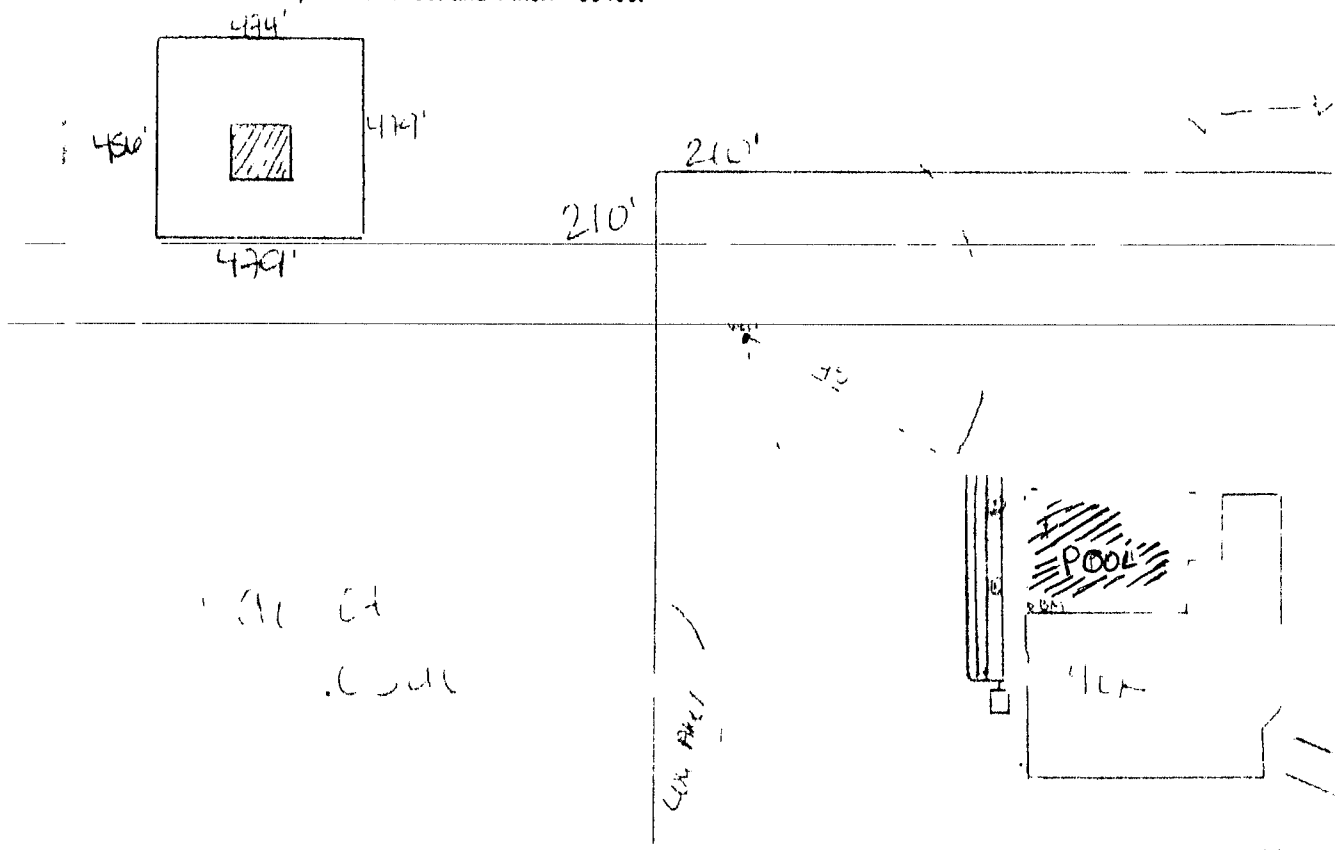
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

14-0846E

PART II - SITE PLAN -

Scale Each block represents 5 feet and 1 inch = 50 feet



Notes

Site Plan submitted by

Play

42

Signature _____

Not Approved

Title

Date _____

214114

Columbia CHD

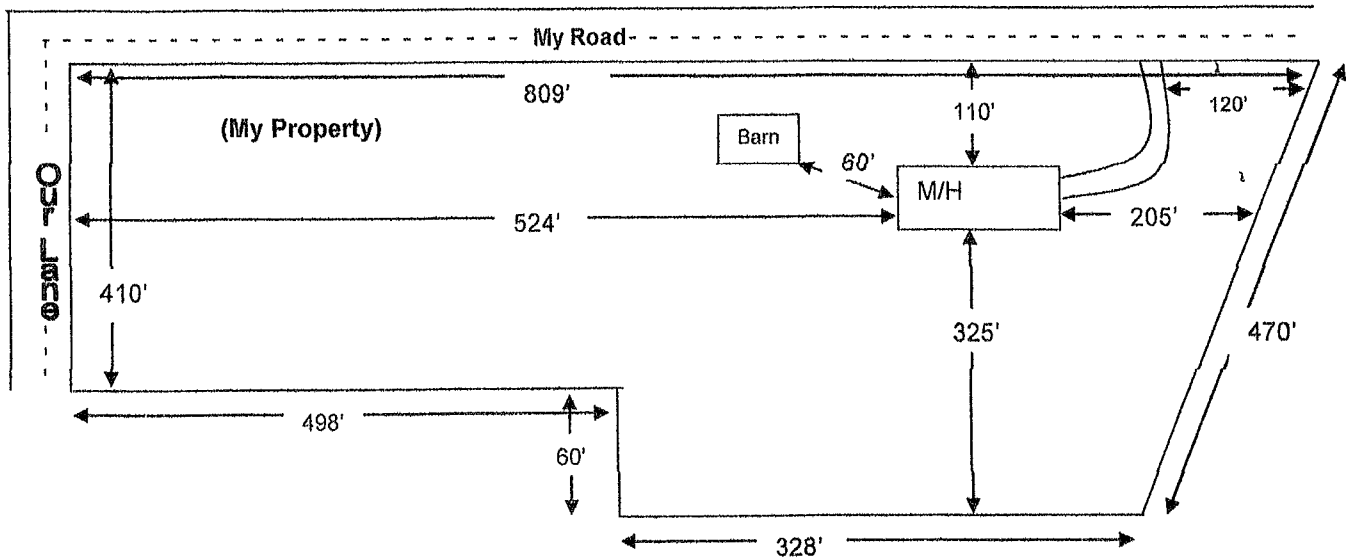
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

At 4016, TD-92 (Replaces HPS-11 Form 4015 which may be used)
Stock Number 8744-002-4016-01

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SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them. Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.

