



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

PERMIT NO. 21-0605
DATE PAID: 7/14/21
FEE PAID: 20.00
RECEIPT #: 1697365

APPLICATION FOR:

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

APPLICANT:

Mindi Stone

AGENT:

N/A

TELEPHONE: 352-258-4558

MAILING ADDRESS:

198 SW Magpie Court Fort White FL 32038

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: 15 BLOCK: _____ SUBDIVISION: N/A PLATTED: _____

PROPERTY ID #: 06-75-17-09925-115 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 20 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: 13 FT

PROPERTY ADDRESS: 198 SW Magpie Court, Fort White, FL 32038

DIRECTIONS TO PROPERTY: From CR 18 turn onto ^{SW} Old Niblack Rd

Continue straight onto SW Heron Dr - SW Heron Dr turns into SW Crow Terrace, turn left on SW Robin Ln + turn Right onto SW Magpie ec

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

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>travel trailer</u>	<u>2</u>	<u>858</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE:

Mindi Stone

DATE:

7/9/21

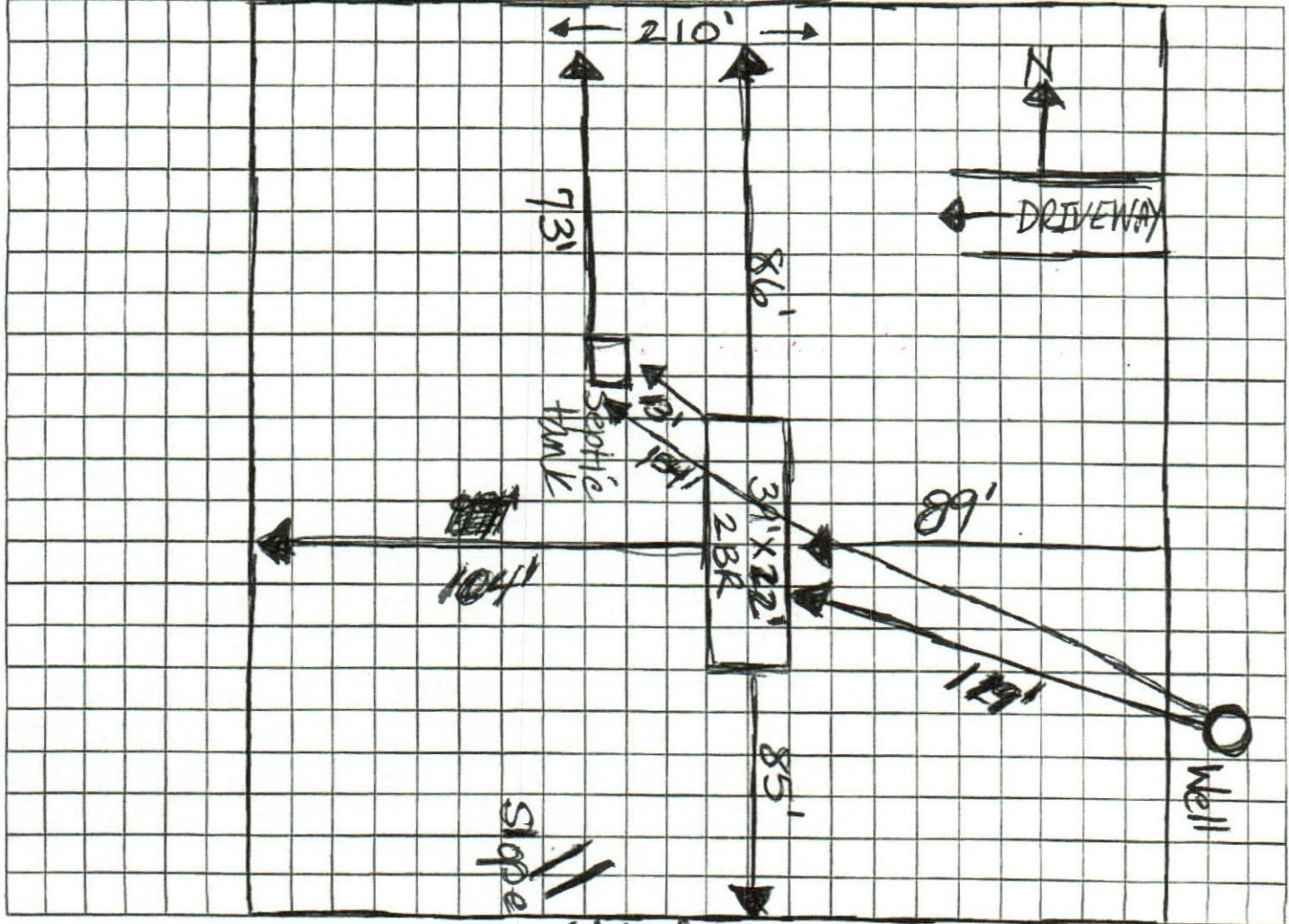
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PART II - SITEPLAN

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



Notes:

1 AC of 20

approx. 543' x 1603' property dimensions

Site Plan submitted by:

Mindi Stone

TITLE Owner

DATE:

7/9/21

Plan Approved

X

Not Approved

Date

7/15/21

By

[Signature]

[Signature]

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT