



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

PERMIT NO. 14-0009
DATE PAID: 11/11/14
FEE PAID: \$10.00
RECEIPT #: 1131272

APPLICATION FOR:

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

APPLICANT: Sara Delgado

AGENT: Jeff Harde

TELEPHONE: 352 549 0592

MAILING ADDRESS: 6450 NW 72 Ln Chiefland FL 32626

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: NA SUBDIVISION: Rolling Acres Addition PLATTED: 3/11/97

PROPERTY ID #: 296-16-03970-003 ZONING: Res I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 2.48 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: SW Newport PL Ft White

DIRECTIONS TO PROPERTY: 47 South +/R Hwy 22 +/R
SW Centerville PL +/L SW Newport PL
to R on R/R

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

1st	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>MHI</u>	<u>3</u>	<u>1232</u>	<u>1</u>
2				

Floor/Equipment Drains ☐ Other (Specify) _____

ATURE: Jeff Harde DATE: 1-2-14

67

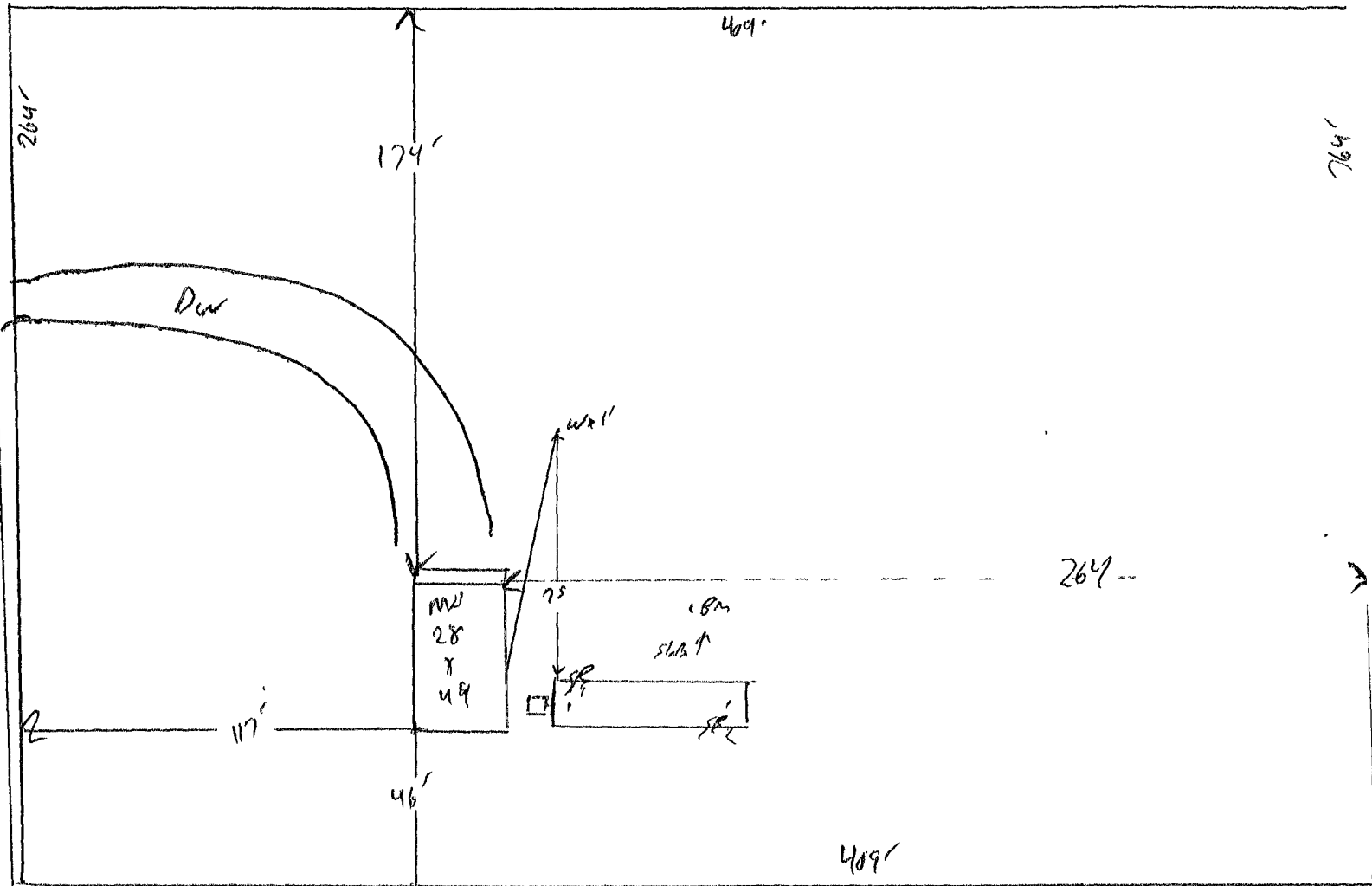
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 14-8889

Delgado

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

1" = 50'



Notes:

Site Plan submitted by: [Signature]

Plan Approved [Signature]

Not Approved _____

Date 11/8/14

By [Signature] ESI Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT