

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

50	132106048
	PERMIT NO. 21-0445 DATE PAID: 5/12/21
AL -	FEE PAID: 45-66 RECEIPT #:

APPLICATION FOR CONSTRUCTION PERMIT		
APPLICATION FOR:  [ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative [ ] Repair [ ] Abandonment [ ] Temporary [ ]		
APPLICANT: CONCINE CONCINE CONCINE		
AGENT: TELEPHONE: 352-339-		
MAILING ADDRESS: 25613 W US HWY 27 High Springs FL, 32643		
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: ZI BLOCK: SUBDIVISION: Thomwood PLATTED: YES		
PROPERTY ID #: 34-65-16-04056-17 ZONING: SF I/M OR EQUIVALENT: [ Y / 6)		
PROPERTY SIZE: 125 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ] <=2000GPD [ ]>2000GPD		
IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER:FT		
PROPERTY ADDRESS: 342 SW Thistlewood LN. FT White, FL 32038		
DIRECTIONS TO PROPERTY: South HWY 441- Right fun onto CR 18-		
Turn right into thornwood subdivision. Turn left		
onto Thistlewood LN. Lot 21 is at the end on the left		
BUILDING INFORMATION [ ] RESIDENTIAL [ ] COMMERCIAL		
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC		
Single family 3 2716'		
2		
3		
4		
[ ] Floor/Equipment Drains [ ] Other (Specify)		
SIGNATURE: DATE: 5/5/21		

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21.04 Scale: Each block represents 10 feet and 1 inch = 40 feet 1) PHICH Notes: \_\_\_\_ Site Plan submitted by: Teff CETOC Agent: 1 Owner: Date: Plan Approved Not Approved COLUMBIA County Health Department ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT